



**DENTAL BOARD OF CALIFORNIA**  
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815  
P (916) 263-2300 F (916) 263-2140 | [www.dbc.ca.gov](http://www.dbc.ca.gov)

**DENTAL BOARD OF CALIFORNIA MEETING AGENDA  
FEBRUARY 8-9, 2018**

Embassy Suites by Hilton San Diego La Jolla  
4550 La Jolla Village Drive, Embassy Ballroom  
San Diego, CA 92122  
(858) 453-0400 (Hotel) or (916) 263-2300 (Board Office)

**Members of the Board:**

Thomas Stewart, DDS, President  
Fran Burton, MSW, Public Member, Vice President  
Yvette Chappell-Ingram, Public Member, Secretary

Steven Chan, DDS  
Ross Lai, DDS  
Huong Le, DDS, MA  
Meredith McKenzie, Public Member

Abigail Medina, Public Member  
Steven Morrow, DDS, MS  
Bruce Whitcher, DDS,

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at [www.dbc.ca.gov](http://www.dbc.ca.gov). This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. To view the Webcast, please visit <https://thedcapage.wordpress.com/webcasts/>.

**Thursday, February 8, 2018**

**9:00 A.M. FULL BOARD MEETING – OPEN SESSION**

1. Call to Order/Roll Call/Establishment of Quorum
2. Board President Welcome and Report
3. Approval of the November 2-3, 2017 Board Meeting Minutes
4. Budget Report
  - A. State Dentistry Fund
  - B. State Dental Assisting Fund
  - C. Fi\$CAL
  - D. Breeze
5. Dental Assisting
  - A. Staff Update on Dental Assisting Program
  - B. Update on Dental Assisting Program and Course Applications
  - C. Update on Dental Assisting Examination Statistics
    - i. Registered Dental Assistant (RDA) General Written Examination
    - ii. Registered Dental Assistant (RDA) Law and Ethics Examination
    - iii. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
    - iv. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
    - v. Orthodontic Assistant (OA) Written Examination
    - vi. Dental Sedation Assistant (DSA) Written Examination
  - D. Update on Dental Assisting Licensing Statistics
    - i. Registered Dental Assistant (RDA)
    - ii. Registered Dental Assistant in Extended Functions (RDAEF)
    - iii. Orthodontic Assistant (OA)
    - iv. Dental Sedation Assistant (DSA)
  - E. Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations
  - F. Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Review of the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examination

G. Update on Dental Assisting Council Member Recruitment

6. Legislation and Regulations

A. 2018 Tentative Legislative Calendar – Information Only

B. Discussion and Possible Action Regarding the Following Legislation:

- i. Assembly Bill 12 (Cooley) - State Government: Administrative Regulations: Review
- ii. Assembly Bill 224 (Thurmond) - Dentistry: Anesthesia and Sedation
- iii. Senate Bill 392 (Bates) - Dentistry: Report: Access to Care: Pediatric Dental Patients
- iv. Senate Bill 501 (Glazer) - Dentistry: Anesthesia and Sedation: Report
- v. Senate Bill 641 (Lara) – Controlled Substance Utilization Review and Evaluation System: Privacy
- vi. Update on Healing Arts Omnibus Bill

C. Discussion and Possible Action Regarding Additional Amendments to the Board's Proposal for the 2018 Healing Arts Omnibus Bill (WITHDRAWN)

D. Discussion of Prospective Legislative Proposals

Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

E. Update on Pending Regulatory Packages

- i. Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
- ii. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
- iii. Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)
- iv. Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
- v. Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)
- vi. Licensure by Credential Application Requirements (Cal. Code of Regs., Title 16, Section 1028.6)
- vii. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
- viii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)

- ix. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)
- F. Discussion and Possible Action Regarding Decreasing the Licensure by Residency Fee
- G. Discussion and Possible Action Regarding a Regular Rulemaking to Amend California Code of Regulations, Title 16, Section 1049 Relating to Mobile and Portable Dental Units
- H. Discussion and Possible Action Regarding an Emergency Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Relating to Minimum Standards for Infection Control
- 7. Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry- Schools Response to Deficiencies Outlined by the Dental Board of California
- 8. Presentation from Linda Schneider, Senior Assistant Attorney General regarding the *Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies*

#### **CLOSED SESSION – FULL BOARD**

If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on February 9, 2018.

##### **Disciplinary Matters and Litigation**

###### **A. Action on Disciplinary Matters**

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

###### **B. Michael Leizerovitz v. Dental Board of CA, Superior Court of the State of California County of Los Angeles, Case BC626166**

The Board will meet in closed session as authorized by Government Code §11126(e).

#### **CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE**

##### **A. Issuance of New License(s) to Replace Cancelled License(s)**

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

##### **B. Grant, Deny or Request Further Evaluation for General Anesthesia Permit Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6**

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for



a General Anesthesia Permit as it Relates to an Onsite Inspection and Evaluation Failure

C. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6  
The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure

## **RETURN TO FULL BOARD OPEN SESSION**

## **RECESS**

**Friday, February 9, 2018**

### **8:00 A.M. CLOSED SESSION – FULL BOARD (IF NECESSARY)**

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

**If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, February 8, 2018, it will also meet in closed session on February 9, 2018.**

## **RETURN TO OPEN SESSION – FULL BOARD**

### **9:00 A.M. FULL BOARD MEETING – OPEN SESSION**

9. Call to Order/Roll Call/Establishment of Quorum
10. Executive Officer's Report
  - A. Staffing Update – Vacancies and New Hires
  - B. Board Vacancies
  - C. Form 700
  - D. National Board Update
  - E. Dental Therapist/Mid-Level Providers
  - F. ADEA Statistics
  - G. Committee Assignments
  - H. Sunset Review
  - I. Update regarding Renewal of Board Approval for University DeLaSalle Bajio School of Dentistry in Mexico
  - J. DHCC Sunset Review

- K. AB 508, Chapter 195, Statutes of 2017 - Health Care Practitioners; Student Loans
  - L. SB 796, Chapter 600, Statutes of 2017- Uniform Standards; Naturopathic Doctors Act: Respiratory Care Practice Act
11. Report of Dental Hygiene Committee of California (DHCC) Activities
  12. Report of Department of Consumer Affairs (DCA) Staffing and Activities
  13. Report on the December 13, 2017, California Department of Public Health Oral Health Program Advisory Committee Partnership
  14. Licensing, Certifications, and Permits
    - A. Review of Dental Licensure and Permit Statistics
  15. Examinations
    - A. Update on the Portfolio Pathway to Licensure
    - B. Western Regional Examination Board (WREB) Report
    - C. Status of Occupational Analysis for Dentists and the Implementation of AB 2331 (Chapter 572, Statutes of 2016) – ADEX Examination as an Additional Pathway to Licensure
  16. Enforcement
    - A. Review of Enforcement Statistics and Trends
    - B. Review of Fiscal Year 2017-2018 First Quarter Performance Measures from the Department of Consumer Affairs
    - C. Update Regarding Utilization of Correct Prescription Pads
  17. Substance Use Awareness
    - A. Diversion Program Report and Statistics
    - B. Update Regarding Controlled Substance Utilization Review and Evaluation System (CURES 2.0) Registration
  18. Anesthesia
    - A. General Anesthesia and Conscious Sedation Evaluation Statistics
  19. Licensing, Certifications, and Permits Committee Report on Closed Session  
The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure.

20. Public Comment on Items Not on the Agenda  
The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
21. Board Member Comments on Items Not on the Agenda  
The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
22. Adjournment



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jeri Westerfeld Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 2:</b> Board President Welcome and Report

**Background:**

The President of the Dental Board of California, Thomas H. Stewart, DDS, will provide a verbal report.

**Action Requested:**

None



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**DENTAL BOARD OF CALIFORNIA  
QUARTERLY BOARD MEETING MINUTES**

**NOVEMBER 2-3, 2017**

Courtyard by Marriott Sacramento, Cal Expo  
1782 Tribute Road, Golden State Room A & B  
Sacramento, CA 95815

**Members Present:**

Bruce L. Whitcher, DDS, President  
Thomas Stewart, DDS, Vice President  
Yvette Chappell-Ingram, Public Member,  
Secretary  
Fran Burton, MSW, Public Member  
Steven Chan, DDS  
Judith Forsythe, RDA  
Meredith McKenzie, Public Member  
Ross Lai, DDS  
Huong Le, DDS, MA  
Abigail Medina, Public Member  
Steven Morrow, DDS, MS

**Members Absent:**

Kathleen King, Public Member

**Staff Present:**

Karen M. Fischer, MPA, Executive Officer  
Sarah Wallace, Assistant Executive Officer  
Carlos Alvarez, Enforcement Chief  
Ryan Blonien, Supervising Investigator I  
Jocelyn Campos, Associate Governmental Program Analyst  
Zachary Raske, Associate Governmental Program Analyst  
Allison Viramontes, Associate Governmental Program Analyst  
Jessica Olney, Associate Governmental Program Analyst  
Melissa Brokken, Staff Services Analyst  
Daniel Yoon, Staff Services Analyst  
Jeri Westerfeld, Executive Assistant  
Michael Santiago, Legal Counsel

**Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum**

A regular meeting of the Dental Board of California (Board) was called to order by Dr. Bruce Whitcher at 9:30 a.m. on Thursday, November 2, 2017. Ms. Yvette Chappell-Ingram called the roll and a quorum was established.

Agenda Item 2: Board President Welcome and Report

Dr. Whitcher provided a verbal report.

Dr. Whitcher reported that he attended the California Dental Association (CDA) Cares, a sponsored free health care event, in Bakersfield in October, which served over 1,500 people. He acknowledged Dr. Thomas Stewart who was a part of the local arrangements committee which provided support for the event.

Dr. Whitcher noted that the State Assembly Select Committee on Health Care Delivery Systems and Universal Coverage held a series of informational hearings. This Committee was appointed by the Speaker of the Assembly, Mr. Anthony Rendon, and is chaired by both a physician, Dr. Joaquin Arambula, and a dentist, Dr. Jim Wood. Dr. Whitcher reported that a two-day hearing for this Select Committee was held at the end of October; the first day focused on a comprehensive review of California's current healthcare systems and the second day focused on Universal Coverage in other countries. This webcast and the information discussed are available on the State Assembly's website.

Agenda Item 3: Approval of the August 10-11, 2017 Board Meeting Minutes

Motion/Seconded/Called the Question(M/S/C): (Chappell-Ingram/Forsythe) to approve the August 10-11, 2017, Board Meeting minutes with the following corrections: (1) Dr. Steven Morrow stated that in Agenda Item 9, the section incorrectly includes a reference to Business and Professions Code (Bus. & Prof. Code) 1021.1 and should be amended to 1024.1 and (2) Dr. Ross Lai noted that in Agenda Item 12, that section incorrectly references Dr. Huong Le and should be amended to Dr. Lai.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie			✓		
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed and the minutes were accepted with the requested changes.

Dr. Whitcher explained there would be a change to the order of business and Agenda Item 8, Update on Implementation of Fee Increase, would be heard immediately following Agenda Item 4, Budget Report.

#### Agenda Item 4: Budget Report

Mr. Zachary Raske, Budget Analyst, reiterated the information available in the meeting material binder and provided the Board with handouts of the revised Fund Condition Statements for both the Dentistry and Dental Assistant Funds. Mr. Raske stated that the fee increase, which has been implemented as of October 19, 2017, in BreEZe, would provide a solvency solution to the funds.

Ms. Sarah Wallace, Assistant Executive Officer, stated the Budget Reports, included in the Board Materials, as Attachments 1 and 2, are different than what is normally provided to the Board. Ms. Wallace explained that representatives from the Department of Consumer Affairs (DCA) Budget Office would explain why Board staff was not able to provide current expenditures or expenditures for the first quarter for 2017-2018.

Ms. Marina O'Conner, Budget Manager, and Mr. Wilbert Rumbaoa, Budget Analyst, with the DCA Budget Office provided an update regarding the state's accounting system, the Financial Information System for California (FI\$Cal), and some of the challenges that the Budget Office has been experiencing regarding closing Fiscal Month (FM) transactions and expenditure posting. Mr. Rumbaoa stated the numbers reflected in FY 2017-18 will change slightly before the Governor's Budget is released on January 10, 2018 and the Budget Office will incorporate actual numbers instead of estimates.

Ms. Karen Fischer, Executive Officer, commented that she was uncomfortable that the Budget Office was not able to provide the numbers today; but was confident there would be a resolution soon as this effects all the boards in DCA.

Ms. Fran Burton asked if the Board would incur a cost for the operation of FI\$Cal itself. Ms. O'Conner responded that the Board is charged an assessment fee for FI\$Cal and has not heard if the delays due to FI\$Cal would be assessed against the Board's funds, but would make the Board aware if there was an additional increase. Dr. Lai questioned if there would be an opportunity for arbitration if the Board felt they were overcharged. Ms. O'Conner explained depending upon the issue they may be able to ask FI\$Cal how they assessed that fee.

Ms. Burton requested further clarification regarding how the FI\$Cal fee for service is distributed among the various Boards. Ms. O'Conner stated she did not know because the Budget Office was not privy to that information because it was calculated by the oversight agencies but could research how a fee was assessed if the Board was interested. Ms. Burton asked the President if the Board could have a more definitive report at the next meeting.

Dr. Whitcher inquired whether the fee for FI\$Cal would be included in the departmental services line items listed in the Budget Report. Ms. O'Conner explained that it was not part of the Board's budget and therefore is not displayed in the Budget Report but rather the Fund Condition Statement.

#### Agenda Item 8: Update on Implementation of Fee Increase

Ms. Wallace provided a history regarding the purpose of the fee increase, how long the process has taken, and a status update regarding its implementation. Ms. Wallace mentioned as of October 19, 2017, BreEZe implemented the fee increase and the Board began collecting the new revenue for applications, licensures, and permits. All renewal notices that have an expiration date of January 31, 2018, were mailed out in October to inform them of the new renewal fees. Additionally, Board staff posted an alert and fee chart on the Board Web site. All forms with impacted fees were updated, including forms available on the Web site, and an informative e-mail blast was sent out.

#### Public Comment:

Ms. Mary McCune, CDA, stated that CDA would like to be more involved in any future fee increase conversation regarding the methodology for the increases. Ms. McCune noted that the Application for Licensure by Residency fee was significantly higher than the other licensure pathways and when CDA looked at the cost for administering all other pathways they were roughly the same. Dr. Whitcher stated that he agreed with Ms. McCune.

Dr. Kevin Chen and Dr. David Jolkovsky from the California Society of Periodontists requested information regarding the Onsite Inspection and Evaluation for General Anesthesia/Conscious Sedation Permit fee increase. Dr. Whitcher explained that a consultant evaluated the cost to staff time involved for providing this service. Dr. Whitcher explained that the cost to administer this inspection and evaluation is approximately \$4,000, while the fee is only \$2,000, and it is completed every 5-6 years.

Dr. Whitcher explained that the Board is a special fund agency and operates only on what is received from the licensees. The Budget Subcommittee that looked at the fee increase attempted to distribute that fairly across the licensees to prevent an undue financial hardship. Dr. Jolkovsky further inquired whether the Board had thought about how many dentists would stop providing this service because of the fee increase. Dr. Whitcher stated the fee is less than the revenue of one case generated per year and that dentists would not stop providing the service because of the fee increase, but rather might stop providing the service because their practice does not use it enough to justify the cost. Dr. Jolkovsky disagreed and was concerned about public safety and access to care.

Dr. Morrow was concerned about the fee increase of the Application for Licensure for Residency because of the financial burden already put on new graduates. Dr. Morrow was also concerned about the Application for Special Permit fee increase because this cost would likely be placed on the institution that hires a faculty member seeking this permit and not the licensee. Dr. Whitcher stated those concerns were taken into consideration when the Subcommittee met.

Ms. Fischer stated that any fee increase changes in the future would have to go through a regular rulemaking process, such as the previous fee increases. Ms. Fischer thanked Dr. Chen and Dr. Jolkovsky for their comments and encouraged them to continue to



participate and watch the Board meetings. Additionally, Ms. Fischer explained the Board is mindful of public protection but the comments made at this meeting were not provided by any person or organization throughout the rulemaking process.

The Board recessed at 10:20am and convened the Joint Meeting of the Dental Board of California and the Dental Assisting Council.

The Board returned to open session at 1:45pm.

Agenda Item 5A: 2018 Tentative Legislative Calendar – Information Only

Ms. Allison Viramontes, Legislative and Regulatory Analyst, gave an overview of the information provided.

Agenda Item 5B: 2017 End of Year Legislative Summary Report

Ms. Viramontes gave an overview of the information provided.

Dr. Whitcher stated that the Legislature will reconvene session on January 3, 2018.

Agenda Item 5C(i): Discussion and Possible Action Regarding Legislative Proposals for 2018: Healing Arts Omnibus Bill

Ms. Viramontes gave an overview of the information provided. Additionally, Ms. Viramontes distributed an additional amendment to the Omnibus Bill proposal regarding Bus. & Prof. Code Section 1750.2. This amendment was a non-substantive change to Section 1750.2 which pertained to the Orthodontic Assistant permit that would clarify the numbering of the subdivision associated with this Section.

Ms. Wallace explained that omnibus bills are an opportunity for boards and bureaus to submit technical, non-controversial language that may help expedite their business process or provide clarification to a statute. Ms. Burton added that omnibus bills are a general way that boards and bureaus can clean up statute without requiring an individual bill process that would receive the support of both the Assembly and Senate.

Dr. Morrow inquired about the recommendation that Bus. & Prof. Code Section 1601.5 be struck from the statute. Ms. Wallace explained that Section 1601.5 defines a phrase for another Section 1601 that is now obsolete. Dr. Morrow referenced Section 1601.1 as a section that requires further clarification into whether a faculty member, that qualifies for a Board position, can be full-time or part-time. Ms. Wallace recommended that this be addressed during Sunset Review because an amendment to clarify that section for that purpose could draw controversy.

Public Comment:

Ms. McCune inquired about allowing an exception to the requirements in Bus. & Prof. Code Section 1621 for those officers or faculty members who are also portfolio examiners. Additionally, Ms. McCune inquired about changing the dental sedation assistant (DSA) permit language to more closely match the requirements (allowing a Registered Dental Assistant [RDA] license as an eligibility pathway instead of work

experience as a dental assistant) found in Bus. & Prof. Code Section 1750.2 related to Orthodontic Assistant permits. Ms. Wallace responded that both amendments could be included with the Board's permission if they approved the language in concept.

M/S/C: (Morrow/Stewart) to approve the Omnibus Bill proposal language presented with the two additional aforementioned amendments, related to Bus. & Prof. Code Sections 1621 and 1750.2, in concept to: (1) allow an exception to those officers or faculty members who are also portfolio examiners and (2) allow DSA permit language to more closely match the requirements (allowing a RDA license as an eligibility pathway instead of work experience as a dental assistant) found in Bus. & Prof. Code Section 1750.2 related to orthodontic assistant permits.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed unanimously.

#### Agenda Item 5D: Update on Pending Regulatory Packages

Ms. Viramontes gave an overview of the information provided and noted a change to the Mobile and Dental Clinic and Portable Dental Unit Registration Requirements regulatory package and explained Board staff would present language to continue the rulemaking at the February 2018 Board Meeting.

#### Agenda Item 5E: Discussion of Prospective Legislative Proposals

Ms. Viramontes gave an overview of the information provided.

#### Agenda Item 6: Initiate a Rulemaking relating to Basic Life Support Course Equivalency Requirement

Ms. Viramontes requested a motion to initiate a rulemaking to accept basic life support courses (for both the RDA licensure application and continuing education) offered by providers who are approved by the American Dental Association's Continuing Education Recognition Program (CERP), the Academy of General Dentistry's Program Approval for Continuing Education (PACE), or the American Safety and Health Institute (ASHI) and amend Sections 1016 and 1016.2 of the California Code of Regulations (Cal. Code of Regs.).

M/S/C: (Morrow/Forsythe) to accept the proposed regulatory language relative to the basic life support provider and course requirements, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to Cal. Code of Regs., Title 16, Sections 1016 and 1016.1 as noticed in the proposed text.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed unanimously.

Agenda Item 7: Initiation of Emergency Rulemaking regarding Minimum Standards for Infection Control in Compliance with Assembly Bill 1277

Ms. Viramontes requested a motion to initiate an emergency rulemaking to amend the Minimum Standards for Infection Control, in the Cal. Code of Regs. Section 1005 relating to water and other methods of irrigation when performing procedures on exposed dental pulp. Ms. Wallace and Ms. Viramontes explained that this rulemaking process would be a two-step process, and the Board would need to begin the emergency rulemaking process before beginning the regular rulemaking process. Ms. Wallace and Ms. Viramontes recommended that the proposed regulatory language in Section 1005 (b)(22) not be considered for the emergency rulemaking because it was a result of the Board's Infection Control Subcommittee meeting and did not match the statutory authority. Ms. Wallace explained Board staff is proposing the language in Section 1005 (b)(18) solely for the Board's consideration.

Dr. Morrow explained that the proposed language for Section 1005 (b)(18) could result unforeseen consequences because of the wording is currently all encompassing and a dentist may invade or expose dental pulp unintentionally. Ms. McCune offered an amendment to address the issue raised by Dr. Morrow. Mr. Michael Santiago, DCA Legal Counsel, recommended that the Board adopt the original language which was initially presented at the Board Meeting. Ms. Wallace read into the record a letter dated

November 2, 2017, addressed to Dr. Whitcher from Assemblymember Tom Daly, AB 1277's author. Ms. Wallace drew attention to a portion of the letter which read, "AB 1277 sets a standard for infection control that requires dentist to use sterile water or disinfecting or antibacterial agent when irrigating exposed dental pulp."

M/S/C: (Burton/Forsythe) to accept what was amended, and proposed by CDA in the Cal. Code of Regs., in Section 1005 (b)(18) and not move forward with the proposed regulatory language in Section 1005 (b)(22), pursuant to Government Code Section 11346.1, relative to the minimum standards for infection control and direct staff to take all steps necessary to initiate the emergency rulemaking process, including noticing the proposed language for 5-day public comment, and authorize the Executive Officer to make any non-substantive changes to the emergency rulemaking package before completing the emergency rulemaking process.

**Public Comment:**

Mr. Michael (Mike) Rust with ProEdge Dental Water Labs commented that having a recognized disinfectant or antibacterial property during procedure that exposes dental pulp would not stop a mycobacterium outbreak and the Board should look at their regulatory language again. Mr. Rust stated that the products used to treat dental unit water lines do not work as well as those in the profession thought. Additionally, Mr. Rust explained that to obtain clean water for regular dentistry it takes regular shocking with a chemical, proper use of an effective product, training, and frequent testing. Ms. Fischer thanked Mr. Rust for his testimony and asked if he had offered this up to CDA while the bill was going through the legislature. Mr. Rust stated that he had not.

Dr. Morrow commented that the current infection control standards, Section 1005 (b)(18), referenced language that surgical procedures on soft tissue or bone must be irrigated with sterile irrigants/solution through a sterile delivery system. Dr. Morrow stated that pulp tissue is a soft tissue and it was his understanding that there was an already an infection control standard in place.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow		✓			
Stewart	✓				
Whitcher	✓				

The motion passed.

#### Agenda Item 9: Loan Repayment Program

Ms. Melissa Brokken, Licensing Analyst, gave a brief overview of the Loan Repayment Program and the revisions pursuant to Assembly Bill (AB) 2485. AB 2485 revised the provisions of the Loan Repayment Program regarding eligibility criteria, application, applicant selection and placement.

Dr. Morrow asked about the advisability of limiting application questions to those approved by the Commission on Dental Accreditation (CODA) or recognized by American Dental Association (ADA). Dr. Morrow stated that recent court rulings found that the ADA doesn't have the power to limit who can be a specialist or what can be a specialty. Dr. Morrow was concerned that a candidate who had a specialty training that was not recognized by CODA or approved by the ADA would not be eligible for the program. Dr. Morrow stated there are CODA approved advanced dental education programs that are not classified as a specialty.

Ms. Fischer stated that DCA Legal has not reviewed the application provided in the Board's materials. Ms. Wallace stated that Board staff is currently developing regulations to coincide with AB 2485 and that once approved by the Board, staff could post a courtesy application to the website.

The Board convened in closed session at 3:00 p.m. to deliberate and take action on disciplinary matters. The closed session meeting of the Board adjourned at 5:00 p.m.

The Licensing, Certifications, and Permits Committee convened in closed session at 5:05 p.m. to deliberate on applications for issuance of new licenses to replace cancelled licenses and to deliberate on whether or not to grant, deny, or request further evaluation of a conscious sedation permit and a general anesthesia permit. The closed session meeting of the Licensing, Certifications, and Permits Committee adjourned at 5:40 p.m.

The Board recessed until Friday, November 3, 2017 at 9:30 a.m.

#### Agenda Item 10: Call to Order/Roll Call/Establishment of Quorum

The second day of the regular meeting of the Board was called to order by Dr. Whitcher at 9:30 a.m. on Friday, November 3, 2017. Ms. Chappell-Ingram called the roll and a quorum was established.

Dr. Whitcher introduced the Director of the DCA, Mr. Dean Grafilo (Director Grafilo), and Assistant Deputy Director of Board and Bureau Services, Mr. Patrick Le. Director Grafilo provided a report regarding updates for DCA staff and specifically mentioned that DCA reallocated funds to increase staffing in the office of the Board and Bureau Services to expand services to address licensing and enforcement issues, intergovernmental communication, administrative and technical support for board members and their executive officers, and execute the Department's Strategic Plan across all boards.

Director Grafilo reported that the second Director's Quarterly Meeting was held in September 2017, for all DCA Executive Officers. Additionally, Director Grafilo mentioned that DCA released a new license verification search for all boards and bureaus using the BreZE platform. Director Grafilo explained that DCA has created a Pro Rata workgroup of DCA Executives to discuss potential improvements on how DCA communicates with its boards. Director Grafilo reported that DCA released their new Strategic Plan for the next year four years which is available on DCA's website ([www.dca.ca.gov/publications/strategicplan.pdf](http://www.dca.ca.gov/publications/strategicplan.pdf)).

Director Grafilo noted that 2017 was designated as a mandatory year for the Sexual Harassment Prevention Training and all employees and board members must complete this training.

#### Agenda Item 11: Executive Officer's Report Staffing Update

Ms. Fischer stated the Board's Administration Unit is fully staffed. The Dental Assisting Unit has four vacancies including a two-year Limited Term Staff Services Manager I which Board staff plans to hire for soon. The Enforcement Division's Complaint and Compliance Unit is fully staffed and are diligently working to catch up on processing consumer complaints. The Investigative Analysis Unit is also fully staffed and there is one vacancy in the Sacramento Field office and two vacancies in the Orange Field office.

Dr. Morrow and Ms. Kathleen King will begin their grace period on January 1, 2018. Both are eligible for reappointment because their first term was not a four-year term. Ms. Fischer noted that Dr. Morrow expressed an interest in serving another term; however, Ms. King has expressed she will serve out her grace period and will likely not seek reappointment.

Ms. Fischer recognized that this was Ms. Judith Forsythe's last Board meeting. Ms. Fischer mentioned that Ms. Forsythe expressed an interest in continuing to work with the Board in any capacity and will likely serve as subject matter expert for the future.

Ms. Fischer also recognized Dr. Bruce Witcher for serving as the Board President in 2017.

#### Required Board Member Training

Ms. Fischer reminded Board Members that the Sexual Harassment Prevention Training is mandatory and must be completed so that the Board can remain in compliance with DCA's mandate by the end of 2017.

#### Status of Occupational Analysis for Dentists and the Implementation of AB 2331 – American Board of Dental Examiners (ADEX) Examination as an Additional Pathway to Licensure

Ms. Fischer stated the occupational analysis workshops are scheduled for December 2017. The Office of Professional Examination Services (OPES) contacted

approximately ten dentists with a range of work experience but were primarily looking for dentists with zero to five years of experience. ADEX agreed to cover the cost for the occupational analysis and when the Board incurs any expense this will be collected from ADEX in periodic payments. Once the occupational analysis is completed (expected mid-2018), the psychometric analysis of the ADEX exam will begin.

Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry- Schools Response to Deficiencies Outlined by The Dental Board of California

Ms. Fischer stated the school has submitted a package of documents to address deficiencies. The package is being reviewed independently by the site evaluation team and they would provide a recommendation to the Board which would be available at a future meeting.

Update Regarding Implementation of AB 2235 – Caleb’s Law

Ms. Fischer explained that the Board was granted the authority to hire an analyst with the issues surrounding anesthesia. Board staff anticipated beginning collection of data by the beginning of 2018 and will present the data in Sunset Review.

Ms. Fischer reminded everyone that the next Board Meeting will be on February 8-9, 2018, in La Jolla, California.

Agenda Item 12: Report of Dental Hygiene Committee of California (DHCC) Activities

Mr. Tony Lum, Acting DHCC Executive Officer, provided the Board with an update of DHCC activities. Mr. Lum anticipated the Sunset Review report to be finalized and approved by the DHCC by the December 1, 2017 deadline for submission to the Legislature. Additionally, Mr. Lum noted that the DHCC instituted a dental hygiene educational program review program in the last few years to ensure they are complying with the law.

On behalf of the DHCC Board President, Ms. Susan Good, Mr. Lum thanked Ms. Burton and Dr. Witcher for their assistance throughout the recruitment process for the DHCC’s Executive Officer position. Mr. Lum also recognized Board staff for working with DHCC to alleviate their concerns regarding the Board’s Mobile and Portable Dental Unit regulation package.

Agenda Item 13: Licensing, Certifications, and Permits

Ms. Wallace referred to the meetings materials to provide an overview of the Dental Licensure and Permit statistics. Ms. Wallace noted that May and June are the Board’s peak period for receiving and approving applications for dental licensure. Ms. Wallace provided an update regarding the notices for the January 31, 2018, renewal period that were sent out to reflect the fee increase. Board staff were made aware of an error regarding delinquency fee so there will be corrective notices sent out. Ms. Wallace requested any questions regarding this issue be forwarded directly to her office.

#### Agenda Item 14A: Update on the Portfolio Pathway to Licensure

Mr. Daniel Yoon, Licensing Analyst, referred to the meeting materials. Mr. Yoon stated that staff along with two Board members, Dr. Le and Dr. Morrow, met with the six California Dental schools to discuss the Portfolio Pathway to Licensure Program (Portfolio Pathway). The purpose of these meetings was to determine any challenges regarding this licensure pathway, receive feedback regarding their experience with the Portfolio Pathway, and solicit input on how to increase further participation. Mr. Yoon highlighted the five major issues that the schools identified as an obstacle to utilizing the Portfolio Pathway; this information can be found in the meeting materials.

Dr. Le noted that portability was the main issue students were not choosing this licensure pathway and highlighted that only four states (including California) accept this pathway. Additionally, Dr. Le explained consistently all schools requested the forms for the Portfolio Pathway be digitized. Dr. Le stated there were areas for improvement, for both the Board and the schools, to make regarding this licensure pathway.

Dr. Morrow added that schools did not seem to understand the purpose of the Portfolio Pathway and appeared to make the process much more difficult than it was initially approved to be. Dr. Morrow suggested that the Board hold meetings with school representatives to discuss expectations and requirements regarding the Portfolio Pathway examination. These meetings would allow for schools to have a forum where their questions could be answered regarding this licensure pathway. Additionally, Dr. Morrow suggested that the Board add a link to its website for the Portfolio Pathway to allow students to receive this information and provide the candidate's manual that explains the licensure pathway. Furthermore, Dr. Morrow stated that the schools are looking at the Portfolio Pathway as an additional exam (like WREB) instead of part of a student's curriculum and would like the Board to help schools make that distinction.

Dr. Morrow expressed that it is his belief that California's Portfolio Pathway has started a debate regarding how we license dentist in the United States (U.S.). Dr. Morrow noted that all provinces of Canada accept a single examination, Objective Structured Clinical Examination (OSCE). All provinces have additional requirements but the OSCE is universally accepted as the clinical exam. Additionally, some of the bordering U.S. states have also accepted the OSCE to fulfill clinical examination. Additionally, the American Dental Association has made a resolution to start development of an OSCE exam to meet clinical exam requirement. Furthermore, the American Dental Education Association has made resolution to start development of a Portfolio examination, based on California's acceptance of Portfolio.

Dr. Le stated that the schools had requested an annual calibration meeting for the Portfolio Pathway. Dr. Whitcher suggested that the concerns regarding the Portfolio Pathway be addressed by a Subcommittee or a Task Force.

Ms. Fischer suggested that the Portfolio Pathway concerns could likely be addressed further in the future by the Examination Committee. Additionally, Ms. Fischer noted that



if the six schools attended to the CDA Presents convention this would likely be the soonest all representatives could meet.

Public Comment:

Ms. McCune commented that CDA supports the Portfolio Pathway and have held meetings with the school deans since its implementation. Ms. McCune added that CDA would be happy to assist in convening meetings between the Board and school representatives in Anaheim during CDA Presents convention in May 2018.

Agenda Item 14B: Western Regional Examination Board (WREB) Report

Dr. Le reiterated the upcoming changes to the WREB examination as of January 2018, that she previously reported on during the August 2017 Board meeting. Specifically, Dr. Le stated only one operative procedure (of a Class II restoration), as opposed to two, is required for the WREB examination if the candidate passes the procedure with a three (3) or higher. Dr. Le noted that there was confusion among the candidates from California schools that want to utilize the WREB examination as a pathway for licensure.

Dr. Le introduced WREB representatives and examiners, Dr. Norm Magnuson and Dr. Bruce Horn, to elaborate on the changes to the examination Dr. Magnuson and Dr. Horn explained that WREB's decision to switch to one operative procedure was due to statistics that showed requiring candidates that complete their first procedure with a passing score (3 or higher) to complete an additional operative procedure was superfluous and redundant. Dr. Horn noted that candidates that do not pass their first operative procedure (estimated 2.5-3% of candidates) must score higher than a 3 on their second operative procedure. This is because the WREB takes the average of both procedures which must reflect a total score of at least 3 (75%) to pass. However, Dr. Horn explained that if a candidate fails the first operative procedure by committing a critical error, the candidate is not offered an immediate retake.

Dr. Magnuson clarified that the Periodontal section of the WREB examination is not optional; however, a candidate may opt out of that section. This allows for mobility and portability if the state where the candidate plans to practice does not require a certain section. California still requires the Periodontal section for the WREB examination. Dr. Magnuson and Dr. Horn stated currently WREB is accepted by a little over 40 states in the U.S.

Dr. Morrow asked if the Board would be notified if a candidate passed an examination but opted out of the Periodontal section. Dr. Magnuson and Dr. Horn explained the Board would see the applicant passed however the Board would see that the Periodontal section did not have a score. At that time, the Board would need to decide if the application is incomplete and how a candidate could go about completing that portion for licensure.

Dr. Morrow voiced his concern regarding whether the Board would be bound to accepting the applicant if our statute states the Board accepts the results of the WREB examination regardless of the components that were included. Ms. Fischer explained

that this was unknown at this time and referenced statute which requires all examinations to undergo a psychometric evaluation (Bus. & Prof. Code Section 139). Ms. Fischer noted that the Board is currently undergoing an occupational analysis of dentistry and this will need to be clarified and addressed by the Board next year during Sunset Review. Additionally, Ms. Fischer after the occupational analysis is completed a re-evaluation will be necessary of both the WREB examination and Portfolio Pathway.

Ms. Fischer, on behalf of the Board requested that status quo remain and candidates that take the WREB examination continue to take the Periodontal section moving forward. Additionally, Ms. Fischer also noted that this ties in to the issue specialty licensure.

Ms. Burton asked if a candidate passed the WREB examination, without a required section for California, (like the Periodontal section) if he or she could complete a single section later as opposed to taking the examination in its entirety. Dr. Magnuson and Dr. Horn explained that a candidate could complete a single section with approval by the state's board (if the candidate has been practicing in another state) or by the dean of the dental school (if he or she has not been practicing). Additionally, Dr. Magnuson mentioned there was no time limit on how long the results would be good for. Dr. Magnuson and Dr. Horn added that candidates should contact the Board of the state where they intend to practice and confirm what the requirements are for licensure.

Dr. Morrow inquired if the WREB examination had a time limit for the results to still be considered valid (e.g.: ADEX stated their examination results are valid for one year.). Dr. Magnuson and Dr. Horn explained that they would need to research that issue. Dr. Horn noted recommended that the state boards determine the WREB results validity. Dr. Horn explained that the WREB examination undergoes a psychometric review of every five years and could provide the Board with the results from their most recent review in May 2017.

#### Agenda Item 15C: Fictitious Enforcement Cases Step by Step Presentation

Mr. Carlos Alvarez, Enforcement Chief, referred to Board's meeting materials and provided a presentation describing the different stages of the Enforcement Process once the Board receives a consumer complaint.

Ms. Burton and Dr. Lai verbalized their concern regarding the length of time that the criminal complaints take to reach a resolution. Dr. Lai noted that some cases can take up to two and half years which is concerning for consumers because the dentist is still practicing during that time.

Dr. Whitcher explained that a suspension order can be lodged against the accused for egregious cases. Mr. Alvarez stated that if there was a public safety concern a judge could issue a temporary suspension order; however, if the judge does not feel there is a harm to the public (ex: insurance fraud cases) an order may not be granted.

#### Agenda Item 15A: Enforcement Statistics and Trends

Mr. Alvarez reported the trends and statistics for the first quarter of fiscal year 2017-18 during his presentation by applying the data to the process discussed above. Mr. Alvarez noted an increase of 56 complaints compared to first quarter of FY 2016-17. Ms. Fischer noted that for the Board's Sunset Review report, the Legislature will request statistics from the last three to five years regarding the Board's enforcement statistics.

#### Agenda Item 15B: Review of FY 2016-17 Fourth Quarter Performance Measures from the DCA

Mr. Alvarez referred to the meeting materials and noted that most of the complaint allegations were coded as an "Incompetence/Negligence" because during intake the complainant refers to it as such. However, once the complaint is reviewed by a dental consultant or an expert it may be classified as something else or a reviewer may find there was no negligence and close the case.

Ms. Fischer stated she would extend an invite to Ms. Linda Schneider from the Attorney General's Office to the February 2018 Board meeting in hopes of receiving further information regarding staffing issues. Ms. Fischer noted that the Board's management is working on examining the efficiency of the current process and would evaluate whether there was a need for additional staff. Ms. Fischer explained that if there was a need this could be included of the Board's Sunset Review report.

#### Agenda Item 16A: Staff Update Regarding the Committee's Mission Statement & Webpage

Mr. Alvarez stated the webpage is now available on the Board's website ([www.dbc.ca.gov/drug\\_abuse](http://www.dbc.ca.gov/drug_abuse)) which includes the Board's Mission Statement and links to opioid web sites. Board staff will continue to post additional links as they are made available.

#### Agenda Item 16D: Update Regarding October 25, 2017 Statewide Opioid Safety (SOS) Workgroup Meeting

Mr. Alvarez explained that the workgroup is primarily focused on policy framework to educate and assist with decision making. The four main categories of this framework are as follows: Prevent, Manage, Treat, and Stop. Additionally, Mr. Alvarez outlined the ways California has addressed the opioid epidemic.

The Food and Drug Agency (FDA) has also established a new Opioid Policy Steering Committee and it was established to explore and develop additional tools to confront the opioid crises. The FDA is seeking suggestions from interested parties regarding the following: 1) What can or should the FDA do to insure all information is considered when implementing opioid regulation decisions; 2) What steps could or should the FDA take when dispensing and packaging to develop consistency and promote appropriate prescribing practice of opioids; and 3) Should the FDA require further education for those healthcare professionals that prescribe opioids. Comments can be submitted to the Committee by utilizing their website at ([www.regulations.gov](http://www.regulations.gov)).

Mr. Alvarez note that the California Opioid Policy Summit will take place on November 8-9, 2017, in San Diego.

Agenda Item 16B: Diversion Program Report and Statistics

Mr. Alvarez reported the trends and statistics for the first quarter of fiscal year 2017-18.

Mr. Alvarez stated that the Diversion Evaluation Committee (DEC) are recruiting public members: Northern DEC – one public member and one dental auxiliary position; Southern DEC – one physician/psychologist, and one dental auxiliary position. The next DEC meeting is scheduled for December 17, 2017, in Southern California.

Agenda Item 16C: Controlled Substance Utilization Review and Evaluation System (CURES) Registration and Usage Statistics and Discussion and Possible Action regarding partnering with CDA for CURES Outreach

Mr. Alvarez referred to the statistics regarding registration and usage of the CURES system. Mr. Alvarez stated he contacted the Department of Justice (DOJ) to obtain brochures to provide to the Board's licensees to comply with and increase CURES registration. Additionally, Mr. Alvarez partnered with CDA to improve CURES registration and usage.

Mr. Alvarez introduced Ms. McCune from CDA who discussed CDA's two-fold targeted approach to improve CURES registration. CDA would like to survey dentists that have registered with CURES to find out what their experience was like and how they utilize the database in their practice. Additionally, CDA would like to survey and educate dentists who have not registered for CURES.

Dr. Stewart recognized CDA for their "Clinical and Legal Considerations for Prescribing Controlled Substances" course that they provide to those within the practice of dentistry. Dr. Lai noted that he registered for CURES at a CDA meeting and suggested CDA provide this information within their newsletter for those who may be unaware that they could register at a CDA meeting.

Ms. Fischer explained that the Board does not have access to which licensees have a DEA number, so the survey would need to be disseminated to all licensees in California. The survey would also need to emphasize that if a licensee has a DEA number they are required to register for CURES and are in violation of the statute if they do not. Ms. Fischer noted that failure to register for CURES will likely become part of the Board's investigative process. Ms. Fischer also added that the requirement that dentists check CURES before prescribing a controlled substance has not been formally implemented yet because the DOJ does not currently have enough staff to support that function.

Agenda Item 17A: General Anesthesia and Conscious Sedation Evaluation Statistics

Ms. Jessica Olney, Associate Governmental Program Analyst, referred to Board's meeting materials for review and noted the September/October 2017 evaluations are tentatively scheduled.

Dr. Whitcher mentioned that the evaluator pool is decreasing and that this has always been a problem. Ms. Olney responded that the Board's evaluators are retiring or are choosing to no longer act as an evaluator. Additionally, Ms. Olney explained it is difficult to recruit new evaluators and noted that to become an evaluator a person must possess a medical degree, a dental degree, and be current a permitholder.

Ms. Olney explained that eight people are required to complete one evaluation, which encompasses the candidate (permitholder), patient, two to three support staff, and two evaluators. Ms. Olney stated if any one of those involved in the evaluation cancels due to an illness or an emergency, it can be difficult to reschedule an evaluation.

#### Agenda Item 17B: Update of 2017 Anesthesia-Related Legislation

Ms. Viramontes referred to Board's meeting materials and reported there were three bills regarding anesthesia that were followed by the Board in 2017. Ms. Viramontes commented that all three bills are designated as "two-year" bills and would be taken up again by the Legislature in 2018.

Dr. Whitcher asked for clarification regarding the legislative process for two-year bills. Ms. Burton explained it depends and they can release a new set of amendments that significantly changes but keeps the bill within the framework of the statute it was initiated in.

#### Public Comment:

Ms. Jena Scarborough, law student and intern for the Center for Public Interest Law (CPIL) at the University of San Diego, stated the CPIL will be following the anesthesia legislation along with how the Board implements Caleb's Law. CPIL is hopeful that the Board will continue to follow the anesthesia legislation and that the data collection associated with Caleb's Law will be a priority for the Board.

#### Agenda Item 18: Licensing, Certifications, and Permits Committee (LCP) Report on Closed Session

Dr. Lai reported that the LCP committee reviewed seven applications for issuance of a new license to replace a canceled license. The committee recommended issuing new licenses to:

Applicant M.A. – DDS – on the condition the applicant passes the California Dental Law and Ethics Examination.

Applicant B.B. – DDS – on the condition the applicant passes the California Dental Law and Ethics Examination.

Applicant S.L. – DDS – on the condition the applicant passes the California Dental Law and Ethics Examination.

Applicant D.M.– DDS – on the condition the applicant passes the California Dental Law and Ethics Examination.

Applicant J.B. – RDA – on the condition the applicant passes the California RDA Law and Ethics Examination.

Applicant C.E. – RDA – on the condition the applicant passes the California RDA Law and Ethics Examination.

Applicant P.M. – RDA – on the condition the applicant passes the California RDA Law and Ethics Examination.

M/S/C: (Burton/Forsythe): The recommendations of the LCP Committee were accepted.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed unanimously.

Agenda Item 19: Election of 2018 Dental Board of California Officers

Ms. Burton nominated Ms. Chappell-Ingram to serve as the Secretary of the Board for 2018. Ms. Chappell-Ingram accepted the nomination.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed unanimously. Ms. Chappell-Ingram is Secretary of the Board for 2018.

Ms. Chappell-Ingram nominated Ms. Burton to serve as the Vice President for the Board for 2018. Ms. Burton accepted the nomination.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed unanimously. Ms. Burton is Vice President of the Board for 2018.

Dr. Steven Chan nominated Dr. Stewart to serve as the President for the Board for 2018. Dr. Stewart accepted the nomination.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Forsythe	✓				
King				✓	
Lai	✓				
Le	✓				
Medina	✓				
McKenzie	✓				
Morrow	✓				
Stewart	✓				
Whitcher	✓				

The motion passed unanimously. Dr. Stewart is President of the Board for 2018.

Ms. Fischer reminded the Board that all elected officers would take office as of January 1, 2018 and present officers would remain in office until December 31, 2017.

#### Agenda Item 20: Public Comment on Items Not on the Agenda

Ms. McCune stated that CDA had submitted some questions regarding the International Dental Programs and hope to see it agendized at future Board meetings.

Ms. Susan McLearn, a dental hygienist, is interested in the Mobile and Portable Dental Unit Regulations before the Board and looks forward to seeing the amended language at the next Board meeting in February 2018. Ms. McLearn is interested to see how the language addresses the oversight of large corporate entities.

Senator Richard Polanco, a State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s School of Dentistry representative, stated they are looking forward to addressing the deficiencies and appreciate the thoroughness of Dr. Morrow and Board staff.

Agenda Item 21: Board Member Comments on Items Not on the Agenda

Ms. Burton would like the Board to look at whether there is uniformity in the course requirements given by the various dental assisting schools with the hope of coming to some point of consistency.

Dr. Whitcher would like to place mail-order orthodontics on the agenda for the next Board meeting. Dr. Whitcher noted a concern that dentists are not physically overseeing care and patients are being mailed instructions on how to take impressions at home. Additionally, there are jurisdictional questions if a dentist, providing the instructions and impressions, is practicing in another state outside of California and mailing things across state lines.

Agenda Item 22: Adjournment

The Board adjourned on Friday, November 3, 2017 at 12:42 p.m.





## MEMORANDUM

<b>DATE</b>	January 22, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Zachary Raske, Budget Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 4: Budget Report</b>

### **Background:**

The Dental Board of California (Board) manages two separate funds: 1) the State Dentistry Fund and 2) the State Dental Assisting Fund. These funds are not comingled. The following information is intended to provide a summary of expenses for both of the funds. The current expenditure report provided by the Department of Consumer Affairs (DCA) only includes the Board's salaries, benefits, printing, travel, contracts, facilities, and the cost of the Attorney General and the Office of Administrative Hearings through December 31, 2018.

### **A. State Dentistry Fund**

#### **Estimated Expenditure Summary through December 31, 2017**

The expenditures through December 31, 2017, are based on the budget report released by the DCA in January 2018. According to the information provided by DCA, Board staff estimates as of December 31, 2017, the Board spent approximately \$6.0 million (44%) of its total State Dentistry Fund appropriation for FY 2017-18. Of that amount, approximately \$3.3 million of the expenditures were for Personnel Services and \$2.7 million were for Operating Expense & Equipment (OE&E) for this fiscal year.

For comparison purposes, as of December 31, 2016, the Board spent roughly \$5.9 million (56%) of its FY 2016-17 State Dentistry Fund appropriations. Approximately 49% of the expenditures were Personnel Services and 51% of the expenditures were OE&E.

<b>Fund Title</b>	<b>Appropriation</b>	<b>Total Estimated Expenditures Through 12-31-17</b>
Dentistry Fund	\$13,703,000	\$6,050,555

**Attachment 1** displays the estimated year-to-date expenditures for the State Dentistry Fund.

*Analysis of Fund Condition*

**Attachment 1A** displays an analysis of the State Dentistry Fund's condition.

**B. State Dental Assisting Fund**

*Estimated Expenditure Summary through December 31, 2017.*

The expenditures through December 31, 2017, are based on the budget report released by DCA in January 2018. According to the information provided by DCA, Board staff estimates as of December 31, 2017, the Board spent roughly \$950,060 (37%) of its total State Dental Assisting Fund appropriation for FY 2017-18. Of that amount, approximately \$393,127 of the expenditures were for Personnel Services and \$556,933 were for OE&E for this fiscal year.

For comparison purposes, as of December 31, 2016, the Board spent roughly \$1 million (50%) of its FY 2016-17 State Dental Assisting Fund appropriations. Approximately 28% of the expenditures were Personnel Services and 72% of the expenditures were OE&E.

<b>Fund Title</b>	<b>Appropriation</b>	<b>Total Estimated Expenditures Through 12-31-17</b>
Dental Assisting Fund	\$2,542,000	\$950,060

**Attachment 2** displays the estimated year-to-date expenditures for the Dental Assisting Fund.

*Analysis of Fund Condition*

**Attachment 2A** displays an analysis of the State Dental Assisting Fund's condition.

**C. Fi\$Cal**

At the November 2017 Board meeting, Board members requested information from the DCA's budget office representatives regarding the newly implemented accounting system called Financial Information System for California (Fi\$Cal). Board Staff received responses from the DCA budget office:

1. How are Fi\$Cal charges assessed to each department as well as the Boards and Bureau's within DCA? How is the pro-rata distributed?

*Fi\$Cal charges are not assessed to the Board like other departmental pro-rata charges, but are administrated statewide by the Department of Finance (DOF). A brief description from the Fi\$Cal website is provided below:*

*"Special Project Report (SPR) 4 established the overall cost and funding split between the General Fund and Special Non-Governmental Cost Funds for the*

*FI\$Cal system, charging each fund in proportion to the amount of appropriation from each fund as a percentage of total state operations for the respective fiscal year. SPR 6 updated this plan to extend the final implementation of the system to FI\$Cal Year 2018-19. The California Department of Technology approved SPR 6 in February 2016. The funding for FI\$Cal in SPR 6 is the same as what was established by SPR 4, approved in March 2012. FI\$Cal's costs are allocated to various special and nongovernmental cost funds through the annual statewide Central Service Cost Recovery plan administered by the DOF. Ongoing cost for the maintenance and operations of the FI\$Cal system and the Department of FI\$Cal is charged directly to departments that have gone live in the system through the Pro Rata and Statewide Cost Allocation plans."*

2. What expenses has the Board incurred from FI\$Cal payments for the last five years?

<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY 14-15</b>	<b>FY 15-16</b>	<b>FY 16-17</b>
\$57K	\$53K	\$10K	\$23K	\$17K

3. Provide an explanation of the arbitration process if the Board of Bureau does not agree with the fees/charges based on request 1.

*Representatives from the DCA Budget Office will address this question at the meeting.*

#### **D. BreEZe**

**Attachment 3A** displays a breakdown of the DCA's BreEZe costs and funding from FY 2009-10 through FY 2019-2020. The State Dentistry Fund costs are identified on the bottom line.

**Attachment 3B** displays a breakdown of the DCA's BreEZe costs and funding from FY2009-10 through FY 2019-2020. The State Dental Assisting Fund costs are identified on the bottom line.

# ATTACHMENT 1

## DENTAL BOARD - FUND 0741 BUDGET REPORT FY 2017-18 EXPENDITURE PROJECTION

### Projected FM 6

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	ACTUALS	UNENCUMBERED
	EXPENDITURES (MONTH 13)	EXPENDITURES 12/31/2016	STONE 2017-18	EXPENDITURES 12/31/2017	SPENT	YEAR END	BALANCE
<b>PERSONNEL SERVICES</b>							
Salary & Wages (Staff)	3,508,370	1,653,436	4,602,000	2,101,098	46%	4,226,981	375,019
Statutory Exempt (EO)	114,087	56,625	96,000	59,760	62%	119,520	(23,520)
Temp Help (Expert Examiners)	0	0	40,000	0	0%	0	40,000
Temp Help Reg (907)	40,395	23,065	199,000	24,222	12%	34,986	164,014
Temp Help (Exam Proctors)	0	0	45,000	0	0%	0	45,000
BL 12-03 Blanket	51,028	31,126	0	22,042		51,486	(51,486)
Board Member Per Diem (901, 920)	17,300	6,000	46,000	3,900	8%	17,000	29,000
Committee Members (911)	2,500	1,300	59,000	1,300	2%	2,500	56,500
Overtime	14,859	12,466	25,000	5,773	23%	13,856	11,144
Staff Benefits	1,992,049	980,779	2,608,000	1,091,777	42%	2,196,434	411,566
<b>TOTALS, PERSONNEL SVC</b>	5,740,588	2,764,797	7,720,000	3,309,873	43%	6,662,763	1,057,237
<b>OPERATING EXPENSE AND EQUIPMENT</b>							
General Expense	120,685	212,931	60,000	59,898	100%	144,000	(84,000)
Fingerprint Reports	16,889	6,163	26,000	0	0%	1,700	24,300
Minor Equipment	26,418	6,277	0	8,611	0%	21,000	(21,000)
Printing	84,508	48,771	43,000	30,887	72%	85,000	(42,000)
Communication	32,672	13,489	34,000	13,021	38%	33,000	1,000
Postage	39,697	17,338	60,000	11,720	20%	40,000	20,000
Insurance	11,115	0	2,000	17,283	864%	17,283	(15,283)
Travel In State	133,870	49,806	109,000	18,612	17%	144,000	(35,000)
Travel, Out-of-State	1,922	1,922	0	0		2,806	(2,806)
Training	4,216	3,910	8,000	3,437	43%	3,700	4,300
Facilities Operations	419,804	410,178	361,000	207,913	58%	452,123	(91,123)
C & P Services - Interdept.	12,835	12,250	189,000	78,558	42%	78,558	110,442
C & P Services - External	441,760	485,770	357,000	453,584	127%	453,584	(96,584)
<b>DEPARTMENTAL SERVICES:</b>							
OIS Pro Rata	1,161,403	595,002	1,105,000	552,500	50%	1,105,000	0
Admin/Exec	837,743	397,998	960,000	480,000	50%	960,000	0
Interagency Services	0	0	1,000	0	0%	0	1,000
IA w/ OPES	0	0	0	25,716	0%	25,716	(25,716)
DOI-ProRata Internal	21,158	10,998	25,000	12,500	50%	25,000	0
Public Affairs Office	142,533	71,502	61,000	30,500	50%	61,000	0
PPRD	4,577	3,498	67,000	33,500	50%	67,000	0
<b>INTERAGENCY SERVICES:</b>							
Consolidated Data Center	19,326	8,531	19,000	3,792	20%	19,000	0
DP Maintenance & Supply	12,211	3,808	11,000	5,614	51%	12,000	(1,000)
<b>EXAMS EXPENSES:</b>							
Exam Supplies	0	0	43,000	0	0%	0	43,000
Exam Site Rental	0	0	69,000	0	0%	0	69,000
C/P Svcs-External Expert Administration	1,000	0	7,000	0	0%	1,000	6,000
C/P Svcs-External Expert Examiners	0	0	238,000	0	0%	0	238,000
C/P Svcs-External Subject Matter	105,116	44,330	0	57,863	0%	105,000	(105,000)
Other Items of Expense	12,154	1,920	0	132	0%	900	(900)
<b>ENFORCEMENT:</b>							
Attorney General	1,090,876	423,666	1,778,000	403,155	23%	1,038,064	739,936
Office Admin. Hearings	284,403	190,750	407,000	131,615	32%	315,876	91,124
Court Reporters	14,968	5,054	0	0	0%	13,100	(13,100)
Evidence/Witness Fees	304,211	101,520	244,000	90,657	37%	338,000	(94,000)
Vehicle Operations	48,556	16,291	5,000	9,615	192%	50,000	(45,000)
Major Equipment	23,531	0	73,000	0	0%	65,000	8,000
<b>TOTALS, OE&amp;E</b>	5,430,157	3,143,673	6,362,000	2,740,683	43%	5,678,410	683,590
<b>TOTAL EXPENSE</b>	11,170,745	5,908,470	14,082,000	6,050,555	43%	12,341,173	1,740,827
Sched. Reimb. - Fingerprints	(16,366)	(6,174)	(53,000)	0	0%	(53,000)	0
Sched. Reimb. - Other	(7,756)	(3,760)	(326,000)	0	0%	(326,000)	0
Probation Monitoring Fee - Variable	(102,020)	(46,989)		(6,653)			0
Unsched. - DOI ICR Civil Case Only	(1,450)	0		0			0
Unsched. - Investigative Cost Recovery	(497,832)	(197,244)		(272,253)			0
<b>NET APPROPRIATION</b>	10,545,321	5,654,303	13,703,000	5,771,649	42%	11,962,173	1,740,827
<b>SURPLUS/(DEFICIT):</b>							<b>12.7%</b>

# ATTACHMENT 1A

## 0741 - State Dentistry Fund Analysis of Fund Condition

(Dollars in Thousands)

Prepared 1.10.18

### 2018-19 Governor's Budget

	ACTUALS 2016-17	CY 2017-18	BY 2018-19
<b>BEGINNING BALANCE</b>	\$ 6,327	\$ 6,389	\$ 5,106
Prior Year Adjustment	\$ 164	\$ -	\$ -
Adjusted Beginning Balance	\$ 6,491	\$ 6,389	\$ 5,106
<b>REVENUES AND TRANSFERS</b>			
Revenues:			
4121200 Delinquent fees	\$ 89	\$ 124	\$ 162
4127400 Renewal fees	\$ 9,697	\$ 11,076	\$ 12,555
4129200 Other regulatory fees	\$ 54	\$ 64	\$ 98
4129400 Other regulatory licenses and permits	\$ 1,134	\$ 1,934	\$ 2,083
4143500 Miscellaneous services to the public	\$ 64	\$ -	\$ -
4163000 Income from surplus money investments	\$ 54	\$ 17	\$ 19
4171400 Escheat of unclaimed checks and warrants	\$ 7	\$ 4	\$ 4
4171500 Escheat of unclaimed property	\$ 5	\$ -	\$ -
4172500 Miscellaneous revenues	\$ 3	\$ 5	\$ 5
Total Revenues	\$ 11,107	\$ 13,224	\$ 14,926
Total Revenues, Transfers, and Other Adjustments	\$ 11,107	\$ 13,224	\$ 14,926
Total Resources	\$ 17,598	\$ 19,613	\$ 20,032
<b>EXPENDITURES</b>			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 10,545	\$ 13,703	\$ 13,780
8880 Financial Information System of California (State Operations)	\$ 17	\$ 17	\$ 1
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 161
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 647	\$ 787	\$ 814
Total Expenditures and Expenditure Adjustments	\$ 11,209	\$ 14,507	\$ 14,756
<b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$ 6,389	\$ 5,106	\$ 5,276
Months in Reserve	5.3	4.2	4.3

# ATTACHMENT 2

## DENTAL ASSISTING PROGRAM - FUND 3142 BUDGET REPORT FY 2017-18 EXPENDITURE PROJECTION

Projected FM 6

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	ACTUALS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES	PERCENT	ACTUALS	UNENCUMBERED
	(MONTH 13)	12/31/2016	2017-18	12/31/2017	SPENT	YEAR END	BALANCE
<b>PERSONNEL SERVICES</b>							
Salary & Wages (Staff)	404,432	159,038	516,000	241,220	47%	485,684	30,316
Temp Help Reg (907)	33,448	13,045	0	18,846	0%	37,692	(37,692)
Board Member Per Diem (901, 920)	2,600	1,100	0	800		2,000	(2,000)
Overtime	12,255	647	0	6,679		16,029	(16,029)
Staff Benefits	292,318	123,627	328,000	125,582	38%	252,853	75,147
<b>TOTALS, PERSONNEL SVC</b>	<b>745,053</b>	<b>297,457</b>	<b>844,000</b>	<b>393,127</b>	<b>47%</b>	<b>794,258</b>	<b>49,742</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>							
General Expense	8,988	9,161	36,000	9,100	25%	9,500	26,500
Fingerprint Reports	27	0	8,000	0	0%	0	8,000
Printing	3,893	565	20,000	5,730	29%	7,000	13,000
Communication	0	0	13,000	985	8%	2,500	10,500
Postage	0	0	37,000	888	2%	1,500	35,500
Insurance	11	0	0	0		0	0
Travel In State	36,037	15,489	49,000	10,644	22%	40,000	9,000
Training	36	0	4,000	0	0%	0	4,000
Facilities Operations	45,737	44,923	64,000	22,889	36%	46,000	18,000
Utilities	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	288,000	0	0%	0	288,000
C & P Services - External	25,000	27,000	30,000	14,637	49%	23,000	7,000
<b>DEPARTMENTAL SERVICES:</b>							
OIS ProRata	655,397	335,502	580,000	241,667	42%	580,000	0
Admin/Exec	137,466	65,502	158,000	65,830	42%	158,000	0
Interagency Services	0	0	73,000	0	0%	0	73,000
IA w/ OPES	39,728	31,620	0	0	0%	0	0
DOI-ProRata Internal	3,680	1,998	4,000	1,667	42%	4,000	0
Communications ProRata	16,372	8,502	9,000	3,750	42%	9,000	0
PPRD ProRata	654	498	8,000	3,333	42%	8,000	0
<b>INTERAGENCY SERVICES:</b>							
Consolidated Data Center	0	0	3,000	0	0%	0	3,000
DP Maintenance & Supply	0	0	1,000	0	0%	0	1,000
<b>EXAMS EXPENSES:</b>							
Exam Supplies	13,832	8,372	4,000	6,400	160%	14,000	(10,000)
Exam Site Rental - State Owned	56,756	26,076	0	18,902	0%	57,000	(57,000)
Exam Site Rental - Non State Owned	30,000	15,000	70,000	13,000	19%	30,000	40,000
C/P Svcs-External Expert Administration	200	41	31,000	0	0%	500	30,500
C/P Svcs-External Expert Examiners	0	0	47,000	0	0%	0	47,000
C/P Svcs-External Subject Matter	136,891	90,362	0	69,703	0%	137,000	(137,000)
Other Items of Expense	5,610	0	0	0	0%	0	0
<b>ENFORCEMENT:</b>							
Attorney General	137,406	65,778	173,000	67,808	39%	162,738	10,262
Office Admin. Hearings	0	0	3,000	0	0%	0	3,000
Court Reporters	83	83	0	0		100	(100)
<b>TOTALS, OE&amp;E</b>	<b>1,353,804</b>	<b>746,472</b>	<b>1,714,000</b>	<b>556,933</b>	<b>32%</b>	<b>1,289,838</b>	<b>424,162</b>
<b>TOTAL EXPENSE</b>	<b>2,098,857</b>	<b>1,043,929</b>	<b>2,558,000</b>	<b>950,060</b>	<b>37%</b>	<b>2,084,096</b>	<b>473,904</b>
Sched. Reimb. - Fingerprints	(1,323)	(311)	(13,000)		0%	(1,323)	(11,677)
Sched. Reimb. - Other	(705)	(235)	(3,000)		0%	(705)	(2,295)
<b>NET APPROPRIATION</b>	<b>2,096,829</b>	<b>1,043,383</b>	<b>2,542,000</b>	<b>950,060</b>	<b>37%</b>	<b>2,082,068</b>	<b>459,932</b>
<b>SURPLUS/(DEFICIT):</b>							<b>18.1%</b>

# ATTACHMENT 2A

## 3142 - State Dental Assistant Fund Analysis of Fund Condition

Prepared 1.10.2018

(Dollars in Thousands)

### 2018-19 Governor's Budget

	ACTUAL 2016-17	CY 2017-18	BY 2018-19
<b>BEGINNING BALANCE</b>	\$ 2,634	\$ 2,120	\$ 1,413
Prior Year Adjustment	\$ 22	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,656	\$ 2,120	\$ 1,413
<b>REVENUES AND TRANSFERS</b>			
Revenues:			
4121200 Delinquent fees	\$ 69	\$ 79	\$ 94
4127400 Renewal fees	\$ 1,245	\$ 1,540	\$ 1,868
4129200 Other regulatory fees	\$ 11	\$ 27	\$ 30
4129400 Other regulatory licenses and permits	\$ 312	\$ 371	\$ 497
4140000 Sales of documents	\$ 3	\$ -	\$ -
4143500 Miscellaneous services to the public	\$ 1	\$ 1	\$ 1
4163000 Income from surplus money investments	\$ 19	\$ 4	\$ 4
4172500 Miscellaneous revenues	\$ 1	\$ 1	\$ 1
Total Revenues	\$ 1,661	\$ 2,023	\$ 2,495
Total Revenues, Transfers, and Other Adjustments	\$ 1,661	\$ 2,023	\$ 2,495
Total Resources	\$ 4,317	\$ 4,143	\$ 3,908
<b>EXPENDITURES</b>			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 2,097	\$ 2,542	\$ 2,498
8880 Financial Information System for California (State Operations)	\$ 3	\$ 4	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 17
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 97	\$ 184	\$ 202
Total Expenditures and Expenditure Adjustments	\$ 2,197	\$ 2,730	\$ 2,717
<b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$ 2,120	\$ 1,413	\$ 1,191
<b>Months in Reserve</b>	9.3	6.2	5.2

#### NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ONGOING.
- B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1.
- C. ASSUMES INTEREST RATE AT 0.3%.

# ATTACHMENT 3A

Department of Consumer Affairs  
BreEZe Costs and Funding  
FY 2009-10 through FY 2019-20  
(amounts in whole \$s)

	PROJECT								MAINTENANCE		
	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Budget	FY 2018-19 Budget	FY 2019-20 Budget
<b>BreEZe Costs</b>											
Solution Vendor - Accenture LLP*	-	-	869,926	387,607	4,478,770	4,136,552	12,380,258	15,125,791	14,683,000	11,743,000	8,007,000
DCA Staff and OE&E**	372,732	1,096,247	3,199,363	4,655,450	7,979,320	9,506,388	11,904,786	6,512,678	6,882,000	4,990,000	4,990,000
Data Center Services**	-	-	147,645	138,410	137,472	156,096	182,610	170,853	164,000	-	-
Other Contracts	44,151	53,169	645,011	1,178,588	1,751,269	2,383,841	2,635,696	866,040	727,000	50,000	50,000
Oversight	10,168	345,993	488,034	393,232	478,328	475,033	364,804	-	-	-	-
<b>Total Costs</b>	<b>427,051</b>	<b>1,495,409</b>	<b>5,349,979</b>	<b>6,753,287</b>	<b>14,825,159</b>	<b>16,657,910</b>	<b>27,468,154</b>	<b>22,675,362</b>	<b>22,456,000</b>	<b>16,783,000</b>	<b>13,047,000</b>
<b>BreEZe Funding Needs</b>											
Total Costs	427,051	1,495,409	5,349,979	6,753,287	14,825,159	16,657,910	27,468,154	22,675,362	22,456,000	16,783,000	13,047,000
Redirected Resources	427,051	1,495,409	3,198,486	4,818,002	5,806,881	7,405,427	7,430,456	2,080,000	2,080,000	-	-
<b>Total BreEZe BCP</b>	<b>-</b>	<b>-</b>	<b>2,151,493</b>	<b>1,935,285</b>	<b>9,018,278</b>	<b>9,252,483</b>	<b>20,037,698</b>	<b>20,595,362</b>	<b>20,376,000</b>	<b>16,783,000</b>	<b>13,047,000</b>
<b>Board / Bureau Name</b>											
Dental Board	9,412	47,782	77,332	56,614	144,378	277,414	592,338	553,328	568,000	470,000	366,000

\* Includes maintenance and financing costs. Financing payments will continue through 2022

\*\* Staff will be permanent and ongoing

September 27, 2017



# ATTACHMENT 3B

Department of Consumer Affairs  
BreEZe Costs and Funding  
FY 2009-10 through FY 2019-20  
(amounts in whole \$s)

	PROJECT								MAINTENANCE		
	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Budget	FY 2018-19 Budget	FY 2019-20 Budget
<b>BreEZe Costs</b>											
Solution Vendor - Accenture LLP*	-	-	869,926	387,607	4,478,770	4,136,552	12,380,258	15,125,791	14,683,000	11,743,000	8,007,000
DCA Staff and OE&E**	372,732	1,096,247	3,199,363	4,655,450	7,979,320	9,506,388	11,904,786	6,512,678	6,882,000	4,990,000	4,990,000
Data Center Services**	-	-	147,645	138,410	137,472	156,096	182,610	170,853	164,000	-	-
Other Contracts	44,151	53,169	645,011	1,178,588	1,751,269	2,383,841	2,635,696	866,040	727,000	50,000	50,000
Oversight	10,168	345,993	488,034	393,232	478,328	475,033	364,804	-	-	-	-
<b>Total Costs</b>	<b>427,051</b>	<b>1,495,409</b>	<b>5,349,979</b>	<b>6,753,287</b>	<b>14,825,159</b>	<b>16,657,910</b>	<b>27,468,154</b>	<b>22,675,362</b>	<b>22,456,000</b>	<b>16,783,000</b>	<b>13,047,000</b>
<b>BreEZe Funding Needs</b>											
Total Costs	427,051	1,495,409	5,349,979	6,753,287	14,825,159	16,657,910	27,468,154	22,675,362	22,456,000	16,783,000	13,047,000
Redirected Resources	427,051	1,495,409	3,198,486	4,818,002	5,806,881	7,405,427	7,430,456	2,080,000	2,080,000	-	-
<b>Total BreEZe BCP</b>	<b>-</b>	<b>-</b>	<b>2,151,493</b>	<b>1,935,285</b>	<b>9,018,278</b>	<b>9,252,483</b>	<b>20,037,698</b>	<b>20,595,362</b>	<b>20,376,000</b>	<b>16,783,000</b>	<b>13,047,000</b>

Board / Bureau Name	FY 2009-10 Actual	FY 2010-11 Actual	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Budget	FY 2018-19 Budget	FY 2019-20 Budget
Dental Assistants	3,334	-	57,386	37,568	101,409	201,974	439,348	410,533	429,000	356,000	277,000

\* Includes maintenance and financing costs. Financing payments will continue through 2022

\*\* Staff will be permanent and ongoing

September 27, 2017



## MEMORANDUM

<b>DATE</b>	January 25, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Sarah Wallace, Assistant Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5A:</b> Staff Update on Dental Assisting Program

**Background:**

Sarah Wallace, Assistant Executive Officer will give a verbal report.

**Action Requested:**

No action requested.



## MEMORANDUM

<b>DATE</b>	January 5, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Laura Fisher, Educational Program Coordinator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5B:</b> Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2017 to date. Table 2 lists the number of DA Programs and Course site visits conducted in 2017 to date. Table 3 lists the DA Program and Course application status to date. Table 4 provides the total number of approved DA programs and courses. Table 5 identifies approved DA program or course providers by name and type of program. Table 6 identifies the overall total of received applications for DA programs and courses in 2017. Table 7 identifies the DA approved program and course trends for 2017.

**Table 1**  
**Total DA Program and Course Applications Approved in 2017**

	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
<b>Course Totals</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>15</b>	<b>0</b>	<b>39</b>

**Table 2**  
**Total DA Program and Course Site Visits/Re-evaluations Conducted in 2017**

	RDA Programs		RDAEF	RDAEF-ITR	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full										
<b>Totals</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>

**Table 3**  
**DA Program & Course Application Status 2017**

<b>Program or Course</b>	<b>Approved</b>	<b>Denied</b>	<b>Curriculum Approved- Pending Provisional Site Visit</b>	<b>In the Review Process</b>	<b>Deficient</b>
RDA Program/Curriculum	2	0	3	1	1
RDAEF Program/Curriculum	1	0	1	0	1
RDAEF-ITR	2	0	N/A	0	0
Radiation Safety	4	0	N/A	2	0
Coronal Polish	3	0	N/A	2	0
Pit & Fissure Sealant	4	0	N/A	1	0
Ultrasonic Scaler	3	0	N/A	1	0
Infection Control	5	0	N/A	4	1
OA Permit	15	0	N/A	2	2
DSA Permit	0	0	N/A	2	1
<b>Total Applications</b>	<b>39</b>	<b>0</b>	<b>4</b>	<b>15</b>	<b>6</b>

**Table 4**  
**Total Approved DA Programs and Courses**

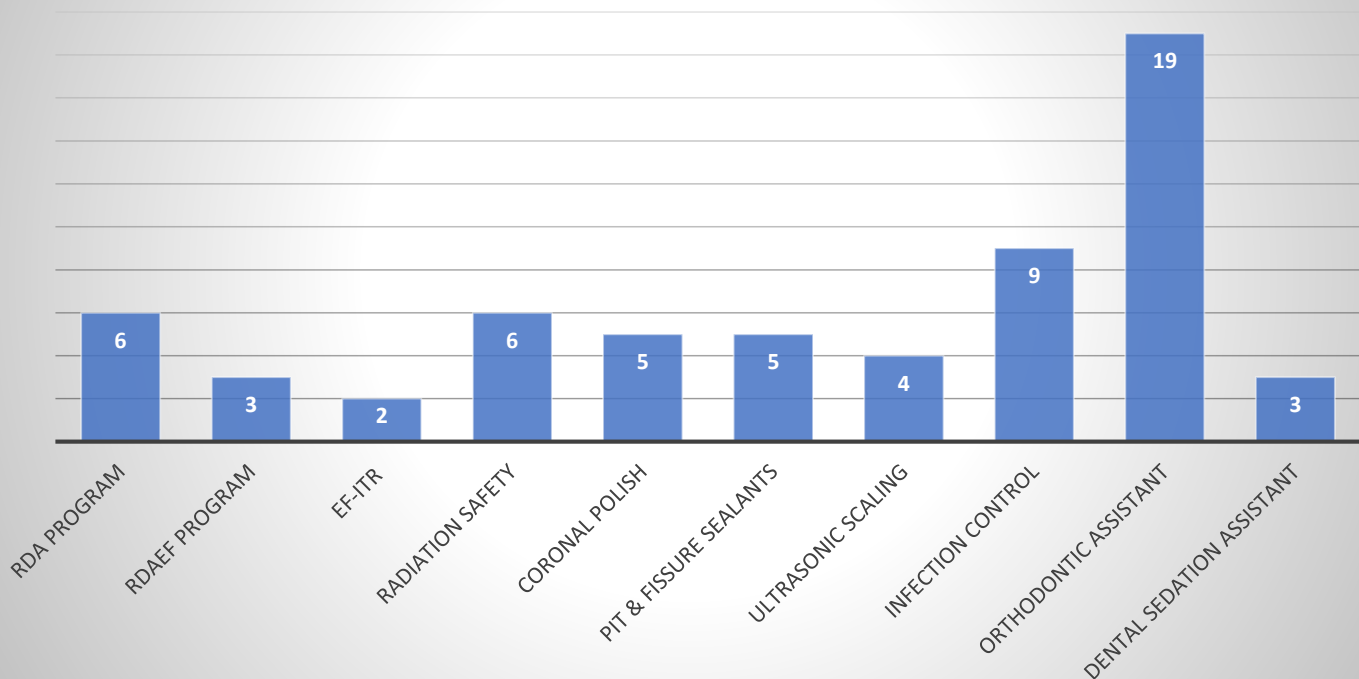
<b>RDA Programs</b>	<b>RDAEF Programs</b>	<b>RDAEF- ITR Programs</b>	<b>Radiation Safety Course</b>	<b>Coronal Polish Course</b>	<b>Pit and Fissure Sealants Course</b>	<b>Ultrasonic Scaler Course</b>	<b>Infection Control Course</b>	<b>Orthodontic Assistant Course</b>	<b>Dental Sedation Assistant Course</b>
<b>96</b>	<b>9</b>	<b>2</b>	<b>134</b>	<b>84</b>	<b>116</b>	<b>32</b>	<b>115</b>	<b>142</b>	<b>25</b>

**Table 5**  
**Approved DA Program and Courses by Provider for 2017**

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
OC Dental Specialists	1/05/2017										X
OC Dental Specialists	1/05/2017				X						
Santiago Surrillo, DDS	1/16/2017										X
Academy of Evolution in Dental Assisting	1/23/2017						X				
Western Dental & Orthodontics - Fresno	2/8/2017										X
Western Dental & Orthodontics - Lodi	2/08/2017										X
Cerritos College	2/11/2017										X
Cerritos College	2/12/2017							X			
OC Dental Specialists	3/29/2017							X			
American Dental Academy	4/20/2017								X		
Dental Assisting Training Academy	4/27/2017										X
Dental Educators	6/12/2017					X					
Touni Orthodontics	6/18/2017										X
American Career College	6/29/2017	X									
OC Dental Specialists	7/14/2017					X					
Brent Sexton, DDS	7/23/2017										X
Dental Advantage	7/27/2017							X			
RDA4U	7/27/2017						X				
Jonathon Everett Lee, DDS	8/03/2017										X
FADE, Inc	8/22/2017										X
University of the Pacific	8/24/2017			X							
Vision Dental Orthodontics	8/29/2017										X
Marla Rocha, RDA	9/14/2017								X		
Redwood City Dental Institute	9/25/2017				X						
OC Dental Specialists	9/26/2017						X				
OC Dental Specialists	9/26/2017								X		
Central California Dental Academy	9/29/2017		X								
Classic Orthodontics	10/2/2017										X

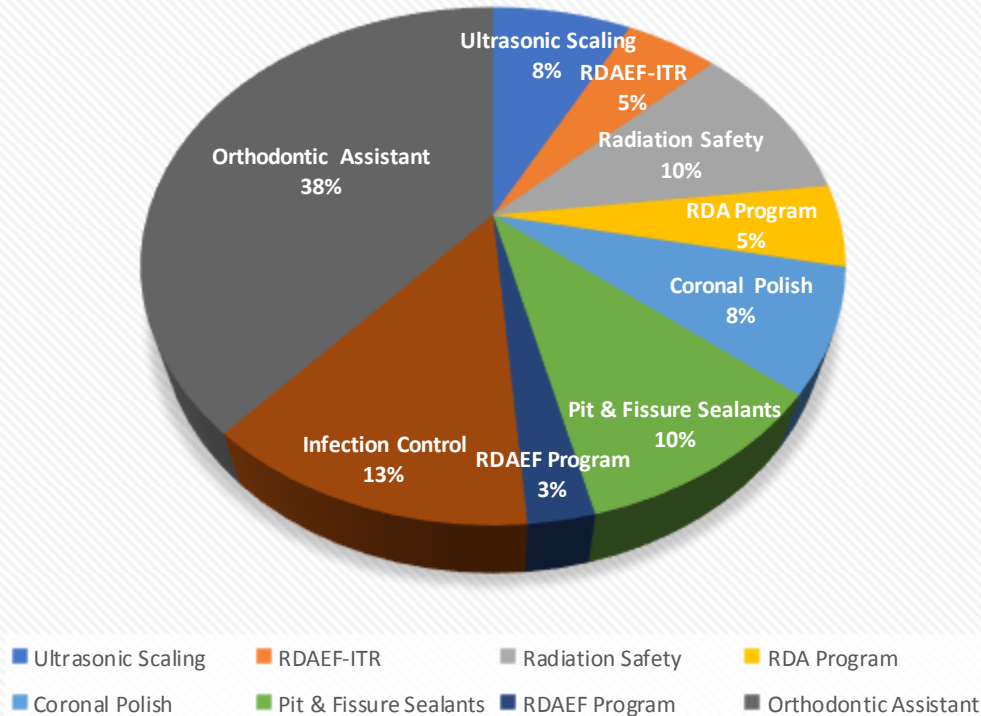
Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
CBD College	10/2/2017								X		
CBD College	10/2/2017					X					
CBD College	10/24/2017				X						
California Healing Arts	10/24/2017								X		
FADE, Inc.	11/22/2017	X									
Peninsula Orthodontic Assisting School	12/4/2017										X
CBD College	12/4/2017						X				
Timothy Irish, DS	12/5/2017										X
Western Dental & Orthodontics – Santa Cruz	12/20/2017										X
Gurnick Academy of Medical Arts	12/20/2017				X						
FADE, Inc.	12/28/2017			X							
<b>INDIVIDUAL PROGRAM/COURSE TOTALS</b>		<b>2</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>15</b>
<b>TOTAL APPROVALS = 39</b>											

**Table 6**  
**Total Program & Course Applications Received in 2017**



**Table 7**  
**Trend in Approved Programs and Courses for 2017**

\*Data includes programs/courses submitted in 2016, approved in 2017



### Update Regarding Consultant Recruitment and Site Visit Re-Evaluations:

Board staff recruited twelve new potential consultants and held training in Sacramento on December 14<sup>th</sup> and 15<sup>th</sup>, 2017. The new consultants were trained on the curriculum review for infection control and coronal polish for an applicant Registered Dental Assistant program with a homework assignment of a radiation safety course due the end of January 2018. Training went well and we hope to add knowledgeable educators to our consultant pool to assist in the re-evaluation of RDA and RDAEF programs.

Board staff is currently working on scheduling three full-approval RDA program site visits and a provisional RDAEF program site visit for early March.

## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Tina Vallery, Examination Coordinator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5C: Update on Dental Assisting Examination Statistics</b>

### **Background:**

The following table provides the written examination pass and fail statistics for candidates who took the examinations from December 2016 to December 2017.

#### Written Examination Statistics for **December 2016 – December 2017 All Candidates**

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	2650	1533	1117	58%	42%
RDA Law & Ethics	4145	2672	1473	64%	36%
RDAEF	156	87	69	56%	44%
Orthodontic Assistant	490	212	278	43%	57%
Dental Sedation Assistant	2	2	0	100%	0%

The following table provides the RDAEF practical examination statistics for the months of October 2016 through October 2017.

#### RDAEF Clinical/Practical Examination Statistics for **October 2016 – October 2017 All Candidates**

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – October 2016	103	33%	67%
RDAEF – January 2017	11	86%	14%
RDAEF – June 2017	43	79%	21%
RDAEF – July 2017	19	84%	16%
RDAEF – October 2017	31	74%	26%
<b>Total for Year</b>	<b>207</b>	<b>83%</b>	<b>17%</b>



Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – October 2016	103	90%	10%
RDAEF – January 2017	11	100%	0%
RDAEF – June 2017	46	82%	18%
RDAEF – July 2017	24	67%	33%
RDAEF – October 2017	36	58%	42%
<b>Total for Year</b>	<b>220</b>	<b>79%</b>	<b>21%</b>

**Action Requested:**

No action requested at this time.

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass												1		1
fail												0		0
Allan Hancock (508)	100%	N/A	N/A	N/A	N/A	N/A	95%	100%	100%	100%	N/A	N/A	100%	97%
pass	2						19	4	1	1			1	28
fail	0						1	0	0	0			0	1
American Career - Anaheim (896)	25%	0%	0%	0%	100%	33%	63%	50%	50%	N/A	50%	33%	25%	42%
pass	1	0	0	0	1	2	10	1	1		3	2	1	22
fail	3	1	1	3	0	4	6	1	1		3	4	3	30
American Career - Long Beach (997)	N/A	N/A	N/A	N/A	N/A	0%	100%	67%	67%	50%	50%	67%	67%	61%
pass						0	1	2	2	1	1	2	2	11
fail						1	0	1	1	1	1	1	1	7
American Career - Los Angeles (867)	67%	17%	0%	0%	100%	33%	64%	75%	50%	29%	0%	75%	33%	46%
pass	2	1	0	0	1	1	9	3	1	2	0	3	1	24
fail	1	5	1	1	0	2	5	1	1	5	3	1	2	28
American Career - Ontario (905)	25%	100%	0%	N/A	N/A	60%	45%	67%	67%	0%	67%	50%	50%	50%
pass	1	1	0			3	5	2	2	0	2	1	2	19
fail	3	0	1			2	6	1	1	1	1	1	2	19
Anthem College (503)	N/A	0%	0%	N/A	N/A	0%	N/A	0%	100%	N/A	100%	N/A	N/A	33%
pass		0	0			0		0	1		1			2
fail		1	1			1		1	0		0			4
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Baldy View ROP (590)	N/A	0%	N/A	0%	N/A	33%	50%	67%	0%	0%	50%	0%	100%	38%
pass		0		0		1	1	2	0	0	1	0	1	6
fail		1		1		2	1	1	1	1	1	1	0	10
Blake Austin College (897)	N/A	100%	0%	N/A	100%	83%	100%	0%	N/A	100%	67%	40%	50%	68%
pass		2	0		2	5	1	0		2	2	2	1	17
fail		0	1		0	1	0	1		0	1	3	1	8
Brightwood - Bakersfield (884) formerly Kaplan	0%	100%	100%	50%	0%	40%	58%	33%	100%	33%	N/A	33%	100%	49%
pass	0	1	1	1	0	2	7	1	1	1		2	2	19
fail	2	0	0	1	1	3	5	2	0	2		4	0	20
Brightwood - Clovis (885) formerly Kaplan	N/A	33%	50%	0%	100%	63%	77%	33%	50%	67%	60%	100%	25%	59%
pass		1	1	0	1	5	10	1	1	2	3	1	1	27
fail		2	1	1	0	3	3	2	1	1	2	0	3	19
Brightwood - Modesto (499)/(890) formerly Kaplan	75%	38%	0%	0%	0%	38%	53%	63%	43%	0%	38%	33%	56%	44%
pass	6	3	0	0	0	5	10	5	3	0	3	2	5	42
fail	2	5	1	1	2	8	9	3	4	5	5	4	4	53
Brightwood - Palm Springs (901) formerly Kaplan	0%	33%	0%	100%	N/A	33%	50%	N/A	33%	50%	0%	0%	50%	38%
pass	0	1	0	1		1	3		1	1	0	0	1	9
fail	1	2	1	0		2	3		2	1	1	1	1	15
Brightwood - Riverside (898) formerly Kaplan	67%	100%	N/A	N/A	N/A	50%	0%	50%	N/A	50%	100%	0%	100%	53%
pass	2	1				1	0	1		1	1	0	1	8
fail	1	0				1	2	1		1	0	1	0	7
Brightwood - Sacramento (888) formerly Kaplan	100%	25%	0%	0%	N/A	60%	40%	100%	50%	40%	33%	50%	20%	41%
pass	1	1	0	0		3	4	1	2	2	1	2	1	18
fail	0	3	1	1		2	6	0	2	3	2	2	4	26
Brightwood - San Diego (899) formerly Kaplan	0%	100%	N/A	N/A	N/A	0%	29%	67%	100%	50%	100%	N/A	0%	48%
pass	0	2				0	2	2	2	1	1		0	10
fail	2	0				1	5	1	0	1	0		1	11
Brightwood - Stockton (611) formerly Kaplan	0%	100%	N/A	N/A	N/A	0%	100%	0%	0%	100%	100%	100%	N/A	54%
pass	0	1				0	1	0	0	1	1	3		7
fail	2	0				1	0	2	1	0	0	0		6
Brightwood - Vista (900) formerly Kaplan	67%	100%	N/A	N/A	N/A	67%	58%	50%	67%	100%	67%	67%	83%	67%
pass	2	1				6	7	2	2	2	2	2	5	31
fail	1	0				3	5	2	1	0	1	1	1	15
Butte County ROP (605)	100%	N/A	N/A	N/A	N/A	N/A	93%	100%	100%	N/A	N/A	N/A	N/A	95%
pass	1						13	1	3					18

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

	fail	0						1	0	0				1
Cabrillo College (001)		0%	N/A	0%	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	0%
	pass	0		0					0	0				0
	fail	3		1					1	1				6
CA College of Vocational Careers (878)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass													0
	fail													0
Carrington - Antioch (886)		N/A	N/A	N/A	N/A	N/A	100%	0%	100%	N/A	N/A	N/A	N/A	67%
	pass						1	0	1					2
	fail						0	1	0					1
Carrington - Citrus Heights (882)		83%	86%	N/A	100%	N/A	89%	69%	50%	50%	60%	100%	100%	73%
	pass	5	6		1		8	9	3	1	3	2	3	44
	fail	1	1		0		1	4	3	1	2	0	0	16
Carrington - Emeryville (904)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
	pass												1	1
	fail												0	0
Carrington - Pleasant Hill (868)		33%	67%	N/A	100%	100%	55%	58%	60%	100%	50%	75%	33%	62%
	pass	1	2		1	2	6	7	3	3	1	3	1	34
	fail	2	1		0	0	5	5	2	0	1	1	2	21
Carrington - Pomona (908)		50%	N/A	N/A	N/A	N/A	100%	N/A	0%	0%	100%	N/A	N/A	57%
	pass	1					2		0	0	1			4
	fail	1					0		1	1	0			3
Carrington - Sacramento (436)		86%	89%	N/A	75%	0%	42%	73%	33%	50%	46%	36%	46%	54%
	pass	6	8		3	0	5	19	3	3	6	4	6	67
	fail	1	1		1	1	7	7	6	3	7	7	7	57
Carrington - San Jose (876)		67%	50%	N/A	0%	N/A	71%	40%	83%	75%	50%	71%	40%	59%
	pass	2	2		0		5	4	5	3	1	5	2	30
	fail	1	2		1		2	6	1	1	1	2	3	21
Carrington - San Leandro (609)		33%	100%	0%	N/A	100%	33%	50%	0%	75%	57%	67%	33%	47%
	pass	2	2	0		1	1	8	0	6	4	2	1	28
	fail	4	0	2		0	2	8	4	2	3	1	2	31
Carrington - Stockton (902)		50%	N/A	100%	N/A	N/A	64%	60%	67%	50%	56%	50%	25%	55%
	pass	2		1			7	9	2	2	5	2	2	35
	fail	2		0			4	6	1	2	4	2	6	29
Cerritos College (511)		N/A	0%	N/A	N/A	N/A	100%	50%	100%	100%	0%	100%	100%	58%
	pass		0				2	2	1	1	0	3	2	11
	fail		2				0	2	0	0	3	0	0	8
Chabot College (513)		N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	50%
	pass							0	1					1
	fail							1	0					1
Chaffey College (514)		N/A	100%	N/A	N/A	N/A	100%	75%	0%	75%	67%	100%	100%	78%
	pass		1				3	3	0	3	2	1	1	14
	fail		0				0	1	1	1	1	0	0	4
Charter College - Canyon Country (401)		33%	100%	100%	N/A	N/A	100%	75%	0%	0%	100%	100%	0%	67%
	pass	1	1	1			4	3	0	0	1	1	0	12
	fail	2	0	0			0	1	1	1	0	0	1	6
Citrus College (515)		50%	100%	N/A	50%	N/A	100%	0%	N/A	0%	67%	100%	67%	59%
	pass	1	3		1		2	0		0	2	3	2	16
	fail	1	0		1		0	2		4	1	0	1	11
City College of San Francisco (534)		100%	100%	N/A	N/A	100%	N/A	100%	100%	100%	100%	100%	100%	100%
	pass	1	2			1		1	3	9	1	1	1	21
	fail	0	0			0		0	0	0	0	0	0	0
College of Alameda (506)		0%	0%	0%	0%	N/A	100%	50%	N/A	50%	83%	44%	88%	59%
	pass	0	0	0	0		2	2		1	5	4	7	24
	fail	1	2	1	1		0	2		1	1	5	1	17
College of Marin (523)		100%	N/A	100%	N/A	100%	N/A	N/A	N/A	86%	100%	100%	N/A	90%
	pass	1		2		1				6	5	3		18
	fail	0		0		0				1	0	0		2
College of San Mateo (536)		100%	50%	100%	N/A	N/A	N/A	50%	N/A	100%	100%	0%	0%	74%
	pass	5	1	1				1		2	2	0	0	14
	fail	0	1	0				1		0	0	1	1	5

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

College of the Redwoods (838)	N/A	N/A	N/A	N/A	N/A	100%	100%	80%	80%	75%	100%	100%	N/A	84%
pass						1	2	4	4	3	1	1		16
fail						0	0	1	1	1	0	0		3
Concorde Career - Garden Grove (425)	33%	0%	0%	0%	100%	67%	69%	50%	60%	100%	40%	29%	43%	51%
pass	2	0	0	0	1	2	9	2	6	5	2	2	3	34
fail	4	1	4	1	0	1	4	2	4	0	3	5	4	33
Concorde Career - North Hollywood (435)	N/A	100%	N/A	N/A	N/A	50%	38%	67%	100%	0%	25%	50%	N/A	48%
pass		1				2	3	2	2	0	1	1		12
fail		0				2	5	1	0	1	3	1		13
Concorde Career - San Bernardino (430)	50%	57%	100%	N/A	N/A	67%	53%	63%	67%	67%	50%	44%	25%	58%
pass	1	4	1			18	10	5	6	2	1	4	1	53
fail	1	3	0			9	9	3	3	1	1	5	3	38
Concorde Career - San Diego (421)	20%	100%	100%	N/A	N/A	40%	67%	43%	75%	75%	50%	0%	67%	57%
pass	1	2	1			2	12	3	3	3	1	0	2	30
fail	4	0	0			3	6	4	1	1	1	2	1	23
Concorde Career - San Jose (400)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%
pass											1			1
fail											0			0
Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Cypress College (518)	N/A	N/A	100%	N/A	N/A	100%	100%	0%	N/A	0%	N/A	N/A	N/A	67%
pass			1			1	2	0		0				4
fail			0			0	0	1		1				2
Diablo Valley College (516)	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	100%	100%	0%	94%
pass		1				1			3	5	4	3	0	17
fail		0				0			0	0	0	0	1	1
East Los Angeles Occupational Center (855)	N/A	33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass		1												1
fail		2												2
Eden Area ROP (608) (856)	N/A	N/A	0%	0%	N/A	100%	0%	0%	100%	N/A	0%	N/A	100%	40%
pass			0	0		2	0	0	1		0		1	4
fail			1	1		0	1	1	0		2		0	6
Everest - Alhambra (406)	N/A	100%	N/A	N/A	N/A	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%
pass		3				3	2	1						9
fail		0				0	0	0						0
Everest - Anaheim (403)/(600)	0%	N/A	N/A	N/A	0%	100%	0%	0%	N/A	N/A	0%	100%	N/A	30%
pass	0				0	2	0	0			0	1		3
fail	1				1	0	1	2			2	0		7
Everest - City of Industry (875)	0%	100%	N/A	N/A	0%	100%	50%	N/A	100%	N/A	100%	100%	N/A	69%
pass	0	4			0	1	1		1		1	1		9
fail	2	0			1	0	1		0		0	0		4
Everest - Gardena (870)	N/A	N/A	0%	N/A	N/A	50%	50%	N/A	0%	N/A	N/A	N/A	100%	43%
pass			0			1	1		0				1	3
fail			1			1	1		1				0	4
Everest - Los Angeles (410)	0%	N/A	N/A	N/A	N/A	0%	67%	N/A	0%	N/A	100%	100%	N/A	50%
pass	0					0	4		0		1	1		6
fail	1					2	2		1		0	0		6
Everest - Ontario (501)	N/A	N/A	N/A	N/A	0%	N/A	50%	N/A	0%	50%	0%	0%	0%	17%
pass					0		2		0	1	0	0	0	3
fail					1		2		3	1	2	4	2	15
Everest - Reseda (404)	0%	N/A	0%	67%	0%	N/A	0%	100%	100%	100%	N/A	N/A	100%	50%
pass	0		0	2	0		0	1	2	1			1	7
fail	1		1	1	1		3	0	0	0			0	7
Everest - San Bernardino (881)	N/A	N/A	N/A	N/A	N/A	100%	33%	0%	100%	N/A	100%	N/A	100%	63%
pass						1	1	0	1		1		1	5
fail						0	2	1	0		0		0	3
Everest - San Francisco (407)	N/A	N/A	N/A	N/A	N/A	N/A	75%	100%	50%	N/A	N/A	0%	0%	45%
pass							3	1	1			0	0	5
fail							1	0	1			2	2	6

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Everest - San Jose (408)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	0%	n/A	67%
pass						3				1		0		4
fail						0				0		2		2
Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0
pass													0	0
fail													1	1
Everest - W Los Angeles (874) <i>formerly Nova</i>	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass						2								2
fail						0								0
Foothill College (517)	100%	100%	100%	N/A	N/A	N/A	100%	N/A	100%	100%	N/A	100%	100%	100%
pass	1	1	1				3		4	2		2	2	16
fail	0	0	0				0		0	0		0	0	0
Galen - Fresno (413)	100%	N/A	N/A	N/A	N/A	50%	83%	N/A	100%	N/A	N/A	N/A	N/A	80%
pass	1					1	5		1					8
fail	0					1	1		0					2
Galen - Modesto (497)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	N/A	N/A	50%
pass								1		0				1
fail								0		1				1
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass							1							1
fail							0							0
Grossmont Community College - El Cajon (519)	50%	67%	N/A	67%	N/A	67%	68%	40%	100%	50%	100%	N/A	0%	64%
pass	2	2		2		6	13	2	4	2	1		0	34
fail	2	1		1		3	6	3	0	2	0		1	19
Hacienda La Puente (776)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass										0				0
fail										1				1
Heald - Concord (891)	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	100%	50%	N/A	N/A	N/A	60%
pass							0	1	1	1				3
fail							1	0	0	1				2
Heald - Hayward (889)	N/A	N/A	N/A	N/A	N/A	50%	56%	100%	N/A	100%	N/A	0%	50%	59%
pass						1	5	2		1		0	1	10
fail						1	4	0		0		1	1	7
Heald - Roseville (911)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass						0								0
fail						1								1
Heald - Salida (910)	N/A	N/A	N/A	N/A	N/A	0%	67%	100%	N/A	100%	N/A	N/A	N/A	71%
pass						0	2	2		1				5
fail						1	1	0		0				2
Heald - Stockton (887)	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	0%	0%	100%	N/A	0%	64%
pass						1	3	1	0	0	2		0	7
fail						0	1	0	1	1	0		1	4
Intercoast College - El Cajon (883) <i>formerly Newbridge</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%
pass								0						0
fail								1						1
Intercoast College - Riverside (923)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%
pass								0				0		0
fail								1				1		2
Milan Institute - Indio (906)	N/A	0%	0%	N/A	N/A	29%	25%	0%	0%	50%	N/A	N/A	33%	21%
pass		0	0			2	1	0	0	1			1	5
fail		2	1			5	3	2	3	1			2	19
Milan Institute - Visalia (907)	100%	N/A	100%	N/A	N/A	0%	45%	83%	0%	0%	40%	33%	80%	50%
pass	1		1			0	5	5	0	0	2	1	4	19
fail	0		0			3	6	1	2	1	3	2	1	19
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Monterey Peninsula (527)	100%	0%	N/A	100%	N/A	50%	100%	100%	60%	50%	100%	0%	80%	67%
pass	1	0		1		1	1	1	3	2	2	0	4	16
fail	0	1		0		1	0	0	2	2	0	1	1	8

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Moreno Valley College (903)	100%	N/A	N/A	0%	N/A	N/A	100%	100%	100%	N/A	N/A	N/A	100%	93%
pass	1			0			6	2	2				2	13
fail	0			1			0	0	0				0	1
Mt. Diablo/Loma Vista (500)	N/A	100%	100%	N/A	N/A	67%	100%	100%	100%	N/A	50%	67%	100%	73%
pass		1	1			4	2	1	1		3	2	1	16
fail		0	0			2	0	0	0		3	1	0	6
National Education Center (604)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
North Orange County ROP (495) formerly Valley Career College	0%	0%	50%	N/A	0%	50%	25%	0%	33%	100%	0%	25%	40%	28%
pass	0	0	1		0	1	1	0	1	1	0	1	2	8
fail	2	1	1		1	1	3	3	2	0	1	3	3	21
North-West - Pomona (420)	N/A	N/A	N/A	N/A	0%	0%	100%	N/A	100%	0%	N/A	N/A	N/A	40%
pass					0	0	1		1	0				2
fail					1	1	0		0	1				3
North-West - West Covina (419)	N/A	100%	N/A	N/A	N/A	67%	83%	0%	33%	N/A	0%	0%	20%	42%
pass		1				2	5	0	1		0	0	1	10
fail		0				1	1	2	2		2	2	4	14
Orange Coast (528)	100%	67%	N/A	N/A	N/A	33%	93%	N/A	75%	100%	100%	N/A	N/A	83%
pass	2	2				1	13		3	1	2			24
fail	0	1				2	1		1	0	0			5
Palomar College (721)	N/A	N/A	N/A	N/A	N/A	N/A	50%	100%	100%	100%	N/A	N/A	N/A	96%
pass							1	15	4	2				22
fail							1	0	0	0				1
Pasadena City College (529)	100%	N/A	N/A	N/A	N/A	75%	67%	100%	50%	100%	75%	N/A	N/A	78%
pass	1						3	2	5	2	2	3		18
fail	0						1	1	0	2	0	1		5
Pima - Chula Vista (871)	75%	17%	0%	0%	100%	N/A	58%	67%	40%	100%	50%	25%	N/A	49%
pass	3	1	0	0	1		7	2	2	2	1	1		20
fail	1	5	1	1	0		5	1	3	0	1	3		21
Reedley College (530)	0%	100%	N/A	N/A	N/A	100%	59%	50%	0%	100%	100%	100%	0%	60%
pass	0	1				1	16	3	0	3	1	1	0	26
fail	1	0				0	11	3	1	0	0	0	1	17
Riverside County Office of Education (921)	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	50%	100%	N/A	78%
pass		3				1			0		1	2		7
fail		0				0			1		1	0		2
Riverside County ROP (498)	75%	100%	100%	N/A	N/A	50%	100%	33%	40%	50%	50%	40%	33%	60%
pass	3	6	2			1	4	1	2	1	3	2	2	27
fail	1	0	0			1	0	2	3	1	3	3	4	18
Sacramento City College (532)	100%	N/A	N/A	100%	N/A	N/A	100%	100%	100%	92%	50%	100%	0%	91%
pass	1			1			3	1	9	12	1	1	0	29
fail	0			0			0	0	0	1	1	0	1	3
San Bernardino Cty ROP - Hesperia (454)	100%	0%	N/A	100%	N/A	78%	38%	60%	75%	50%	33%	100%	75%	59%
pass	1	0		1		7	5	3	3	4	1	2	3	30
fail	0	1		0		2	8	2	1	4	2	0	1	21
San Bernardino Cty ROP - Morongo USD (913)	100%	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	50%	100%	N/A	N/A	50%
pass	1					0		0		1	1			3
fail	0					1		1		1	0			3
San Diego Mesa (533)	50%	100%	N/A	0%	N/A	100%	100%	100%	100%	N/A	100%	100%	100%	90%
pass	1	1		0		1	6	1	1		3	1	4	19
fail	1	0		1		0	0	0	0		0	0	0	2
SJVC - Bakersfield (601)	N/A	N/A	N/A	N/A	N/A	75%	75%	50%	N/A	100%	50%	100%	0%	61%
pass						3	3	2		1	1	1	0	11
fail						1	1	2		0	1	0	2	7
SJVC - Fresno (602)	100%	0%	50%	N/A	N/A	60%	50%	100%	0%	50%	100%	100%	N/A	56%
pass	1	0	2			3	2	5	0	2	3	1		19
fail	0	5	2			2	2	0	2	2	0	0		15
SJVC - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass									1					1
fail									0					0

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

<b>SJVC - Temecula (919)</b>	100%	100%	N/A	N/A	N/A	100%	86%	100%	50%	88%	100%	100%	75%	<b>89%</b>
pass	1	6				3	6	1	1	7	2	1	3	<b>31</b>
fail	0	0				0	1	0	1	1	0	0	1	<b>4</b>
<b>SJVC - Visalia (446)</b>	67%	33%	100%	0%	100%	71%	64%	67%	100%	100%	100%	0%	0%	<b>66%</b>
pass	2	1	1	0	1	5	9	2	3	2	3	0	0	<b>29</b>
fail	1	2	0	1	0	2	5	1	0	0	0	1	2	<b>15</b>
<b>San Jose City College (535)</b>	50%	N/A	N/A	N/A	N/A	55%	79%	50%	100%	0%	80%	80%	100%	<b>70%</b>
pass	2					6	11	1	1	0	4	4	3	<b>32</b>
fail	2					5	3	1	0	1	1	1	0	<b>14</b>
<b>Santa Barbara City College (537)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
pass														<b>0</b>
fail														<b>0</b>
<b>Santa Rosa Junior College (538)</b>	100%	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	100%	<b>94%</b>
pass	2					1	0					7	5	<b>15</b>
fail	0					0	1					0	0	<b>1</b>
<b>Shasta/Trinity ROP (455)</b>	N/A	0%	N/A	100%	N/A	100%	N/A	100%	83%	0%	N/A	0%	N/A	<b>69%</b>
pass		0		1		1		2	5	0		0		<b>9</b>
fail		1		0		0		0	1	1		1		<b>4</b>
<b>Simi Valley Adult School (866)</b>	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	100%	N/A	N/A	0%	<b>75%</b>
pass						1	1			1			0	<b>3</b>
fail						0	0			0			1	<b>1</b>
<b>Southern California ROC - Torrance (612)</b>	N/A	100%	0%	N/A	N/A	100%	100%	N/A	100%	100%	100%	100%	N/A	<b>93%</b>
pass		1	0			2	2		4	3	1	1		<b>14</b>
fail		0	1			0	0		0	0	0	0		<b>1</b>
<b>Southland College (428)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
pass														<b>0</b>
fail														<b>0</b>
<b>The Valley School of Dental Assisting (920)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	<b>0%</b>
pass								0						<b>0</b>
fail								1						<b>1</b>
<b>Tri Cities ROP (877)</b>	0%	0%	0%	100%	N/A	100%	0%	N/A	100%	N/A	0%	100%	N/A	<b>36%</b>
pass	0	0	0	1		1	0		1		0	1		<b>4</b>
fail	2	1	1	0		0	2		0		1	0		<b>7</b>
<b>UEI - Anaheim (916)</b>	N/A	0%	N/A	100%	N/A	0%	50%	0%	0%	100%	33%	0%	0%	<b>41%</b>
pass		0		1		0	2	0	0	3	1	0	0	<b>7</b>
fail		1		0		1	2	1	1	0	2	1	1	<b>10</b>
<b>UEI - Bakersfield (926)</b>	N/A	N/A	N/A	N/A	N/A	50%	50%	0%	0%	80%	40%	67%	50%	<b>45%</b>
pass						1	3	0	0	4	2	2	1	<b>13</b>
fail						1	3	4	2	1	3	1	1	<b>16</b>
<b>UEI - Chula Vista (879)</b>	50%	33%	0%	100%	N/A	29%	67%	50%	17%	40%	40%	67%	25%	<b>42%</b>
pass	1	1	0	1		2	8	1	1	2	2	2	1	<b>22</b>
fail	1	2	2	0		5	4	1	5	3	3	1	3	<b>30</b>
<b>UEI - El Monte (909)</b>	0%	N/A	0%	N/A	N/A	67%	0%	0%	0%	0%	0%	50%	100%	<b>19%</b>
pass	0		0			2	0	0	0	0	0	2	1	<b>5</b>
fail	1		1			1	4	4	2	1	5	2	0	<b>21</b>
<b>UEI - Encino (453)</b>	N/A	N/A	N/A	N/A	N/A	50%	71%	100%	0%	100%	60%	100%	0%	<b>63%</b>
pass						2	5	1	0	2	3	2	0	<b>15</b>
fail						2	2	0	1	0	2	0	2	<b>9</b>
<b>UEI - Fresno (927)</b>	N/A	N/A	100%	0%	N/A	80%	0%	75%	33%	50%	50%	100%	67%	<b>52%</b>
pass			1	0		4	0	3	1	2	1	1	2	<b>15</b>
fail			0	1		1	5	1	2	2	1	0	1	<b>14</b>
<b>UEI - Gardena (915)</b>	0%	N/A	N/A	N/A	N/A	60%	100%	33%	N/A	0%	N/A	0%	N/A	<b>42%</b>
pass	0					3	1	1		0		0		<b>5</b>
fail	1					2	0	2		1		1		<b>7</b>
<b>UEI - Huntington Park (448)</b>	67%	60%	0%	N/A	0%	13%	38%	57%	40%	0%	22%	20%	75%	<b>34%</b>
pass	2	3	0		0	1	5	4	2	0	2	1	3	<b>23</b>
fail	1	2	1		1	7	8	3	3	7	7	4	1	<b>45</b>
<b>UEI - Los Angeles (449)</b>	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	<b>50%</b>
pass			0				1							<b>1</b>
fail			1				0							<b>1</b>

# RDA WRITTEN EXAMINATION SCHOOL STATISTICS

UEI - Ontario (450)	N/A	100%	N/A	100%	100%	0%	71%	60%	0%	50%	50%	100%	100%	52%
pass		1		1	1	0	5	3	0	1	1	1	1	15
fail		0		0	0	3	2	2	5	1	1	0	0	14
UEI - Riverside (917)	67%	0%	100%	N/A	N/A	0%	30%	50%	14%	25%	33%	50%	50%	31%
pass	2	0	1			0	3	1	1	1	1	3	1	14
fail	1	3	0			4	7	1	6	3	2	3	1	31
UEI - San Diego (451)	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	0%	0%	0%	100%	100%	50%
pass			0				2		0	0	0	1	1	4
fail			1				0		1	1	1	0	0	4
UEI - San Marcos (918)	N/A	N/A	N/A	N/A	N/A	50%	57%	0%	N/A	N/A	100%	N/A	N/A	58%
pass						1	4	0			2			7
fail						1	3	1			0			5
UEI - Stockton (925)	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	0%	50%	0%	67%	N/A	45%
pass							2		0	1	0	2		5
fail							2		1	1	1	1		6
UEI - Van Nuys (453)	N/A	100%	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%
pass		1		1										2
fail		0		1										1
Unitek - Concord (994)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	0%	0%	50%
pass							2	1		0		0	0	3
fail							0	0		1		1	1	3
Unitek - Sacramento (924)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	50%	50%	N/A	67%
pass								2			1	1		4
fail								0			1	1		2
Unitek - San Jose (995)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	100%
pass							3					1		4
fail							0					0		0
NATIONAL (ADA)	N/A	N/A	100%	N/A	N/A	44%	67%	50%	67%	0%	0%	67%	0%	50%
pass			1			4	6	2	2	0	0	2	0	17
fail			0			5	3	2	1	1	2	1	2	17
WORK EXPERIENCE	N/A	N/A	36%	18%	45%	60%	61%	55%	46%	48%	57%	52%	55%	54%
pass			9	3	10	77	159	62	44	48	62	66	47	587
fail			16	14	12	51	102	50	52	52	47	62	39	497
PERCENT PASS	55%	59%	39%	39%	51%	59%	62%	57%	56%	57%	55%	52%	52%	58%
TOTAL PASS	83	93	31	24	24	282	579	212	205	196	189	184	156	1,533
TOTAL FAIL	69	65	49	37	23	198	359	157	160	150	153	168	142	1,117



# RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
4D College - Victorville (914)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A	N/A	25%
pass			0								1			1
fail			1								2			3
Allan Hancock (508)	100%	N/A	N/A	N/A	N/A	N/A	95%	N/A	100%	100%	N/A	N/A	0%	86%
pass	2						18	3	1	1			0	25
fail	0						1	2	0	0			1	4
American Career - Anaheim (896)	100%	100%	100%	100%	N/A	67%	50%	100%	0%	N/A	57%	67%	50%	62%
pass	2	1	2	1		4	6	1	0		4	4	1	26
fail	0	0	0	0		2	6	0	2		3	2	1	16
American Career - Long Beach (997)	N/A	N/A	N/A	N/A	N/A	0%	100%	67%	0%	67%	0%	67%	50%	53%
pass						0	1	2	0	2	0	2	1	8
fail						1	0	1	1	1	1	1	1	7
American Career - Los Angeles (867)	100%	50%	50%	50%	67%	50%	57%	100%	50%	60%	100%	60%	67%	63%
pass	2	2	1	1	2	4	4	5	2	3	2	3	2	33
fail	0	2	1	1	1	4	3	0	2	2	0	2	1	19
American Career - Ontario (905)	25%	50%	0%	50%	0%	57%	63%	67%	0%	N/A	50%	100%	50%	48%
pass	1	1	0	1	0	4	5	2	0		2	2	1	19
fail	3	1	1	1	3	3	3	1	2		2	0	1	21
Anthem College (503)	N/A	100%	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	100%
pass		2		1			1					1		5
fail		0		0			0					0		0
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Baldy View ROP (590)	0%	67%	100%	N/A	N/A	N/A	100%	100%	0%	0%	100%	0%	100%	62%
pass	0	2	2				1	1	0	0	1	0	1	8
fail	1	1	0				0	0	1	1	0	1	0	5
Blake Austin College (897)	N/A	100%	100%	33%	50%	60%	50%	67%	N/A	100%	33%	100%	100%	69%
pass		2	3	1	1	3	1	2		2	1	2	2	20
fail		0	0	2	1	2	1	1		0	2	0	0	9
Brightwood - Bakersfield (884) formerly Kaplan	80%	100%	100%	100%	40%	83%	45%	75%	0%	67%	0%	33%	50%	62%
pass	4	2	3	1	2	5	5	3	0	2	0	1	1	29
fail	1	0	0	0	3	1	6	1	1	1	1	2	1	18
Brightwood - Clovis (885) formerly Kaplan	N/A	50%	100%	100%	83%	80%	90%	60%	0%	67%	50%	67%	100%	76%
pass		2	1	4	5	4	9	3	0	2	1	2	1	34
fail		2	0	0	1	1	1	2	1	1	1	1	0	11
Brightwood - Modesto (499)/(890) formerly Kaplan	86%	67%	50%	80%	67%	50%	67%	60%	38%	100%	80%	50%	67%	66%
pass	6	4	2	8	2	5	8	3	3	2	8	1	4	56
fail	1	2	2	2	1	5	4	2	5	0	2	1	2	29
Brightwood - Palm Springs (901) formerly Kaplan	50%	0%	75%	0%	50%	33%	100%	N/A	67%	0%	100%	50%	50%	50%
pass	1	0	3	0	1	1	1		2	0	1	1	1	12
fail	1	2	1	1	1	2	0		1	1	0	1	1	12
Brightwood - Riverside (898) formerly Kaplan	100%	N/A	75%	N/A	100%	100%	50%	50%	N/A	100%	50%	N/A	100%	74%
pass	3		3		1	1	2	1		1	1		1	14
fail	0		1		0	0	2	1		0	1		0	5
Brightwood - Sacramento (888) formerly Kaplan	50%	N/A	100%	N/A	67%	50%	50%	33%	67%	40%	100%	33%	40%	51%
pass	2		2		2	2	4	1	2	2	1	1	2	21
fail	2		0		1	2	4	2	1	3	0	2	3	20
Brightwood - San Diego (899) formerly Kaplan	0%	100%	67%	100%	100%	33%	80%	50%	50%	100%	100%	N/A	50%	65%
pass	0	2	2	1	2	1	4	1	1	1	1		1	17
fail	2	0	1	0	0	2	1	1	1	0	0		1	9
Brightwood - Stockton (611) formerly Kaplan	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	100%	0%	100%	88%
pass			1	2		1					2	0	1	7
fail			0	0		0					0	1	0	1
Brightwood - Vista (900) formerly Kaplan	100%	100%	100%	100%	N/A	83%	85%	0%	100%	100%	100%	67%	0%	85%
pass	2	1	4	2		5	11	0	3	1	3	2	0	34
fail	0	0	0	0		1	2	1	0	0	0	1	1	6
Butte County ROP (605)	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	100%

# RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

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pass	1		3		1		13		2	1				21
fail	0		0		0		0		0	0				0
Cabrillo College (001)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass												1		1
fail												0		0
CA College of Vocational Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Carrington - Antioch (886)	100%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	2			1			2							5
fail	0			0			0							0
Carrington - Citrus Heights (882)	83%	50%	75%	67%	75%	77%	100%	63%	67%	33%	67%	83%	67%	73%
pass	5	4	6	2	3	10	9	5	2	1	2	5	2	56
fail	1	4	2	1	1	3	0	3	1	2	1	1	1	21
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	100%	1
pass													1	1
fail													0	0
Carrington - Pleasant Hill (868)	50%	0%	33%	89%	100%	71%	71%	75%	50%	0%	100%	50%	75%	69%
pass	2	0	1	8	2	5	5	3	1	0	4	2	3	36
fail	2	1	2	1	0	2	2	1	1	1	0	2	1	16
Carrington - Pomona (908)	N/A	100%	N/A	N/A	N/A	0%	100%	0%	N/A	N/A	0%	33%	N/A	44%
pass		2				0	1	0			0	1		4
fail		0				1	0	1			1	2		5
Carrington - Sacramento (436)	100%	44%	88%	50%	100%	60%	67%	33%	75%	64%	50%	71%	63%	66%
pass	8	4	7	3	7	6	16	3	6	7	5	5	5	82
fail	0	5	1	3	0	4	8	6	2	4	5	2	3	43
Carrington - San Jose (876)	50%	67%	33%	60%	100%	71%	90%	86%	100%	75%	67%	50%	100%	75%
pass	1	2	1	3	2	5	9	6	5	3	4	2	1	44
fail	1	1	2	2	0	2	1	1	0	1	2	2	0	15
Carrington - San Leandro (609)	50%	50%	67%	75%	100%	56%	67%	25%	67%	25%	75%	33%	50%	56%
pass	3	1	2	3	1	5	10	1	2	2	6	1	2	39
fail	3	1	1	1	0	4	5	3	1	6	2	2	2	31
Carrington - Stockton (902)	67%	100%	0%	67%	N/A	56%	73%	83%	57%	100%	75%	N/A	100%	70%
pass	2	2	0	2		9	11	5	4	7	3		2	47
fail	1	0	2	1		7	4	1	3	0	1		0	20
Cerritos College (511)	N/A	100%	100%	N/A	0%	100%	100%	N/A	67%	100%	75%	100%	100%	83%
pass		2	1		0	3	2		2	3	3	1	2	19
fail		0	0		2	0	0		1	0	1	0	0	4
Chabot College - Hayward (513)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass						1								1
fail						0								0
Chaffey College (514)	100%	N/A	N/A	100%	100%	100%	83%	0%	100%	75%	100%	N/A	N/A	80%
pass	1			1	1	2	5	0	1	3	2			16
fail	0			0	0	0	1	2	0	1	0			4
Charter College - Canyon Country (401)	100%	100%	N/A	50%	0%	80%	50%	0%	100%	50%	100%	N/A	N/A	61%
pass	1	2		1	0	4	2	0	2	1	1			14
fail	0	0		1	2	1	2	2	0	1	0			9
Citrus College (515)	75%	67%	100%	100%	75%	100%	100%	N/A	50%	75%	100%	50%	N/A	78%
pass	3	2	3	1	3	2	1		1	3	4	2		25
fail	1	1	0	0	1	0	0		1	1	0	2		7
City College of San Francisco (534)	67%	100%	100%	50%	0%	N/A	50%	100%	88%	100%	N/A	100%	100%	83%
pass	2	3	1	1	0		1	2	7	5		1	1	24
fail	1	0	0	1	1		1	0	1	0		0	0	5
College of Alameda (506)	N/A	50%	N/A	100%	N/A	50%	50%	N/A	100%	50%	71%	57%	0%	56%
pass		1		1		1	2		2	3	5	4	0	19
fail		1		0		1	2		0	3	2	3	3	15
College of Marin (523)	N/A	N/A	0%	100%	N/A	N/A	100%	N/A	100%	88%	100%	100%	N/A	85%
pass			0	1			1		6	7	1	1		17
fail			2	0			0		0	1	0	0		3

# RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
College of the Redwoods (838)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	0%	N/A	N/A	94%
pass							4	5	6		0			15
fail							0	0	0		1			1
College of San Mateo (536)	100%	N/A	100%	100%	0%	N/A	100%	N/A	100%	100%	100%	N/A	33%	79%
pass	4		1	2	0		1		2	2	2		1	15
fail	0		0	0	2		0		0	0	0		2	4
Concorde Career - Garden Grove (425)	100%	100%	60%	67%	0%	33%	83%	67%	67%	75%	75%	40%	50%	66%
pass	3	1	3	2	0	2	10	4	4	6	6	2	2	45
fail	0	0	2	1	1	4	2	2	2	2	2	3	2	23
Concorde Career - North Hollywood (435)	N/A	100%	100%	N/A	0%	33%	80%	100%	100%	N/A	0%	33%	100%	65%
pass		1	2		0	1	8	1	1		0	1	2	17
fail		0	0		2	2	2	0	0		1	2	0	9
Concorde Career - San Bernardino (430)	100%	86%	40%	86%	0%	77%	50%	60%	67%	33%	86%	33%	60%	65%
pass	2	6	2	6	0	17	10	3	8	1	6	2	3	66
fail	0	1	3	1	1	5	10	2	4	2	1	4	2	36
Concorde Career - San Diego (421)	0%	50%	20%	80%	100%	100%	43%	67%	25%	40%	29%	67%	50%	49%
pass	0	7	1	4	2	4	6	2	1	2	2	2	2	35
fail	2	7	4	1	0	0	8	1	3	3	5	1	2	37
Concorde Career - San Jose (400)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass												1		1
fail												1		1
Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Cypress College (518)	100%	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	N/A	80%
pass	1		1				2			0				4
fail	0		0				0			1				1
Diablo Valley College (516)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	75%	N/A	94%
pass		1							3	8		3		15
fail		0							0	0		1		1
East Los Angeles Occupational Center (855)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Eden ROP (608) (856)	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	0%	100%	N/A	0%	100%	50%
pass						1	0		0	1		0	1	3
fail						0	1		1	0		1	0	3
Everest - Alhambra (406)	100%	N/A	N/A	N/A	N/A	33%	100%	100%	N/A	N/A	N/A	0%	N/A	70%
pass	1					1	3	2				0		7
fail	0					2	0	0				1		3
Everest - Anaheim (403)/(600)	100%	N/A	N/A	100%	N/A	100%	50%	N/A	N/A	0%	0%	100%	0%	58%
pass	1			2		1	2			0	0	1	0	7
fail	0			0		0	2			1	1	0	1	5
Everest - City of Industry (875)	0%	67%	0%	N/A	N/A	100%	50%	N/A	50%	N/A	N/A	0%	50%	43%
pass	0	2	0			1	1		1			0	1	6
fail	1	1	1			0	1		1			2	1	8
Everest - Gardena (870)	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1						2							3
fail	0						0							0
Everest - Los Angeles (410)	N/A	N/A	0%	N/A	N/A	0%	33%	100%	100%	N/A	100%	N/A	N/A	50%
pass			0			0	2	2	1		1			6
fail			1			1	4	0	0		0			6
Everest - Ontario (501)	100%	N/A	0%	N/A	0%	N/A	100%	100%	N/A	100%	50%	0%	N/A	62%
pass	1		0		0		2	1		2	2	0		8
fail	0		1		1		0	0		0	2	1		5
Everest - Reseda (404)	N/A	100%	100%	0%	100%	100%	100%	N/A	N/A	100%	100%	N/A	100%	90%
pass		1	1	0	1	1	1			1	1		2	9
fail		0	0	1	0	0	0			0	0		0	1
Everest - San Bernardino (881)	0%	N/A	100%	N/A	0%	N/A	67%	N/A	100%	100%	N/A	100%	N/A	67%

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pass	0		1		0		2		1	1		1		6
fail	1		0		1		1		0	0		0		3
Everest - San Francisco (407)	N/A	N/A	100%	N/A	50%	N/A	50%	N/A	100%	0%	50%	100%	100%	60%
pass			1		1		3		1	0	1	1	1	9
fail			0		1		3		0	1	1	0	0	6
Everest - San Jose (408)	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	100%	0%	N/A	71%
pass					2	2					1	0		5
fail					0	0					0	2		2
Everest - Torrance (409)	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	0%	100%	N/A	N/A	N/A	1
pass			0			1			0	1				2
fail			1			0			1	0				2
Everest - W Los Angeles (874) formerly Nova	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass						1			1					2
fail						0			0					0
Foothill College (517)	100%	N/A	N/A	0%	100%	100%	100%	N/A	50%	100%	N/A	100%	100%	84%
pass	1			0	1	2	2		2	3		4	1	16
fail	0			1	0	0	0		2	0		0	0	3
Galen - Fresno (413)	N/A	N/A	N/A	N/A	N/A	0%	80%	N/A	N/A	N/A	N/A	N/A	100%	71%
pass						0	4						1	5
fail						1	1						0	2
Galen - Modesto (497)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	50%
pass								0		1				1
fail								1		0				1
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Grossmont Community College - El Cajon (519)	50%	100%	100%	100%	75%	77%	78%	100%	75%	0%	33%	N/A	0%	72%
pass	1	1	1	2	3	10	7	4	6	0	1		0	36
fail	1	0	0	0	1	3	2	0	2	1	2		2	14
Hacienda La Puente (776)	100%	N/A	100%	0%	N/A	0%	N/A	N/A	N/A	0%	N/A	N/A	N/A	40%
pass	1		1	0		0				0				2
fail	0		0	1		1				1				3
Heald - Concord (891)	N/A	N/A	100%	N/A	N/A	N/A	33%	67%	100%	100%	N/A	0%	100%	64%
pass			1				1	2	1	1		0	1	7
fail			0				2	1	0	0		1	0	4
Heald - Hayward (889)	100%	0%	0%	100%	N/A	75%	67%	100%	100%	N/A	N/A	N/A	0%	68%
pass	1	0	0	3		3	2	2	2				0	13
fail	0	2	1	0		1	1	0	0				1	6
Heald - Roseville (911)	N/A	0%	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	40%
pass		0	1										1	2
fail		2	1										0	3
Heald - Salida (910)	N/A	N/A	100%	N/A	N/A	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	100%
pass			1			1	2	1						5
fail			0			0	0	0						0
Heald - Stockton (887)	N/A	N/A	0%	0%	100%	N/A	75%	67%	N/A	100%	N/A	N/A	0%	62%
pass			0	0	1		3	2		2			0	8
fail			1	1	0		1	1		0			1	5
Intercoast College - El Cajon (883)	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	100%	N/A	N/A	67%
pass							1				1			2
fail							1				0			1
Los Angeles City College (522)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Milan Institute - Indio (906)	67%	0%	100%	100%	50%	67%	67%	0%	0%	100%	N/A	N/A	0%	52%
pass	2	0	1	1	1	2	4	0	0	1			0	12
fail	1	2	0	0	1	1	2	1	1	0			2	11
Milan Institute - Visalia (907)	50%	0%	100%	N/A	100%	50%	67%	67%	67%	50%	75%	N/A	67%	65%
pass	1	0	1		1	1	6	2	2	1	3		2	20
fail	1	1	0		0	1	3	1	1	1	1		1	11

# RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Monterey Peninsula (527)	50%	50%	50%	50%	N/A	N/A	100%	100%	67%	40%	100%	33%	100%	66%
pass	1	1	1	1			2	1	2	2	2	1	5	19
fail	1	1	1	1			0	0	1	3	0	2	0	10
Moreno Valley College (903)	100%	N/A	N/A	0%	N/A	100%	83%	100%	100%	100%	N/A	N/A	N/A	86%
pass	1			0		1	5	3	1	1				12
fail	0			1		0	1	0	0	0				2
Mt. Diablo/Loma Vista (500)	N/A	100%	100%	100%	100%	80%	100%	100%	100%	33%	100%	0%	75%	84%
pass		1	2	2	2	4	5	1	1	1	5	0	3	27
fail		0	0	0	0	1	0	0	0	2	0	1	1	5
National Education Center (604)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
North Orange County ROP (495) formerly Valley Career College	0%	N/A	100%	N/A	50%	100%	75%	100%	N/A	33%	N/A	50%	50%	59%
pass	0		1		1	1	3	1		1		1	1	10
fail	1		0		1	0	1	0		2		1	1	7
North-West - Pomona (420)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass						1								1
fail						0								0
North-West - West Covina (419)	100%	100%	0%	N/A	0%	75%	40%	0%	20%	0%	0%	0%	33%	35%
pass	1	1	0		0	3	2	0	1	0	0	0	1	9
fail	0	0	2		1	1	3	1	4	1	1	1	2	17
Orange Coast (528)	50%	100%	100%	100%	N/A	67%	92%	75%	100%	100%	100%	N/A	N/A	88%
pass	1	2	2	2		2	12	3	2	1	2			29
fail	1	0	0	0		1	1	1	0	0	0			4
Palomar College (721)	100%	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	100%	N/A	100%
pass	1						4	11	5	2		1		24
fail	0						0	0	0	0		0		0
Pasadena City College (529)	N/A	N/A	N/A	N/A	100%	100%	100%	80%	67%	100%	100%	N/A	N/A	89%
pass					3	1	3	4	2	1	2			16
fail					0	0	0	1	1	0	0			2
Pima - Chula Vista (871)	40%	N/A	100%	N/A	N/A	29%	60%	67%	75%	100%	N/A	33%	100%	57%
pass	2		2			2	9	2	3	1		1	2	24
fail	3		0			5	6	1	1	0		2	0	18
Reedley College (530)	N/A	N/A	50%	N/A	50%	40%	83%	100%	100%	100%	0%	100%	100%	74%
pass			1		1	2	19	2	1	4	0	1	1	32
fail			1		1	3	4	0	0	0	2	0	0	11
Riverside County Office of Education - Indio (921)	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	100%	100%	N/A	100%
pass		3				1			1		2	1		8
fail		0				0			0		0	0		0
Riverside ROP - Riverside (498)	100%	100%	100%	0%	N/A	50%	67%	67%	67%	100%	50%	40%	75%	73%
pass	3	8	3	0		1	4	2	2	2	2	2	3	32
fail	0	0	0	1		1	2	1	1	0	2	3	1	12
Sacramento City College (532)	100%	N/A	0%	N/A	N/A	50%	100%	N/A	100%	100%	100%	0%	N/A	88%
pass	2		0			1	4		11	11	1	0		30
fail	0		2			1	0		0	0	0	1		4
San Bernardino Cty ROP - Hesperia (454)	50%	N/A	100%	100%	N/A	73%	56%	100%	33%	75%	50%	0%	50%	58%
pass	1		1	1		8	10	3	1	3	1	0	3	32
fail	1		0	0		3	8	0	2	1	1	4	3	23
San Bernardino Cty ROP - Morongo USD (913)	N/A	N/A	N/A	N/A	N/A	0%	67%	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass						0	2							2
fail						1	1							2
San Diego Mesa (533)	33%	N/A	N/A	100%	N/A	100%	100%	N/A	100%	100%	100%	100%	100%	92%
pass	1			1		1	9		1	1	3	2	3	22
fail	2			0		0	0		0	0	0	0	0	2
SJVC - Bakersfield (601)	N/A	N/A	100%	N/A	N/A	50%	80%	100%	N/A	100%	N/A	100%	100%	85%

# RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
pass			1			1	4	2		1		1	1	11
fail			0			1	1	0		0		0	0	2
SJVC - Fresno (602)	29%	100%	100%	50%	60%	63%	75%	67%	33%	100%	100%	50%	0%	64%
pass	2	3	4	1	3	5	3	2	1	2	3	1	0	30
fail	5	0	0	1	2	3	1	1	2	0	0	1	1	17
SJVC - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass									1					1
fail									0					0
SJVC - Temecula (919)	100%	100%	86%	100%	100%	80%	80%	100%	100%	100%	67%	100%	100%	91%
pass	1	5	6	3	4	4	4	1	3	8	2	1	1	43
fail	0	0	1	0	0	1	1	0	0	0	1	0	0	4
SJVC - Visalia (446)	40%	67%	50%	67%	100%	88%	90%	50%	100%	100%	100%	N/A	N/A	75%
pass	2	2	2	2	1	7	9	2	2	1	3			33
fail	3	1	2	1	0	1	1	2	0	0	0			11
San Jose City College (535)	0%	33%	50%	100%	50%	88%	60%	75%	100%	33%	67%	60%	75%	67%
pass	0	1	1	6	2	7	9	3	3	1	2	3	3	41
fail	1	2	1	0	2	1	6	1	0	2	1	2	1	20
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
Santa Rosa Junior College (538)	50%	N/A	100%	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	80%	82%
pass	1		1	0		1						7	4	14
fail	1		0	1		0						0	1	3
Shasta/Trinity ROP (455)	N/A	N/A	N/A	N/A	100%	67%	N/A	100%	86%	100%	N/A	N/A	N/A	86%
pass					1	2		1	6	2				12
fail					0	1		0	1	0				2
Simi Valley Adult School (866)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	100%
pass						1	1		1					3
fail						0	0		0					0
Southern California ROC - Torrance (612)	100%	50%	100%	100%	N/A	N/A	100%	100%	50%	75%	0%	50%	100%	76%
pass	3	1	1	2			3	2	2	3	0	1	1	19
fail	0	1	0	0			0	0	2	1	1	1	0	6
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass														0
fail														0
The Valley School of Dental Assisting (920)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass							0							0
fail							1							1
Tri Cities ROP (877)	N/A	100%	N/A	N/A	N/A	100%	50%	100%	N/A	N/A	N/A	100%	N/A	88%
pass		1				1	1	3				1		7
fail		0				0	1	0				0		1
UEI - Anaheim (916)	N/A	N/A	N/A	N/A	N/A	N/A	25%	50%	0%	50%	0%	0%	N/A	27%
pass							1	1	0	2	0	0		4
fail							3	1	1	2	3	1		11
UEI - Bakersfield (926)	0%	0%	0%	N/A	0%	0%	22%	0%	43%	50%	44%	75%	25%	36%
pass						0	2	0	3	1	4	3	1	14
fail						2	7	2	4	1	5	1	3	25
UEI - Chula Vista (879)	50%	60%	67%	N/A	50%	80%	67%	100%	43%	40%	N/A	100%	N/A	62%
pass	1	3	2		1	4	6	1	3	2		3		26
fail	1	2	1		1	1	3	0	4	3		0		16
UEI - El Monte (909)	0%	N/A	33%	N/A	N/A	75%	33%	0%	0%	50%	100%	0%	0%	35%
pass	0		1	0		3	2	0	0	1	2	0	0	9
fail	1		2	1		1	4	2	3	1	0	1	1	17
UEI - Fresno (927)	N/A	N/A	100%	N/A	50%	67%	43%	100%	25%	67%	0%	0%	50%	50%
pass			1		1	2	3	2	1	4	0	0	2	16
fail			0		1	1	4	0	3	2	1	2	2	16
UEI - Gardena (915)	N/A	N/A	100%	100%	50%	100%	50%	33%	N/A	100%	N/A	0%	N/A	53%
pass			1	1	2	1	1	1		1		0		8
fail			0	0	2	0	1	2		0		2		7

# RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
<b>UEI - Huntington Park (448)</b>	0%	N/A	0%	67%	50%	45%	71%	43%	75%	50%	0%	100%	100%	<b>54%</b>
pass	0		0	2	1	5	5	3	3	3	0	2	2	<b>26</b>
fail	1		2	1	1	6	2	4	1	3	1	0	0	<b>22</b>
<b>UEI - Los Angeles (449)</b>	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>100%</b>
pass	1													<b>1</b>
fail	0													<b>0</b>
<b>UEI - Ontario (450)</b>	N/A	100%	0%	100%	67%	67%	67%	0%	0%	67%	33%	N/A	100%	<b>53%</b>
pass		1	0	1	2	2	6	0	0	2	1		3	<b>18</b>
fail		0	1	0	1	1	3	2	5	1	2		0	<b>16</b>
<b>UEI - Riverside (917)</b>	60%	0%	50%	75%	100%	29%	29%	20%	50%	0%	67%	50%	50%	<b>43%</b>
pass	3	0	1	3	2	2	2	1	2	0	2	1	1	<b>20</b>
fail	2	1	1	1	0	5	5	4	2	3	1	1	1	<b>27</b>
<b>UEI - San Diego (451)</b>	N/A	N/A	N/A	0%	0%	100%	0%	100%	N/A	0%	100%	N/A	100%	<b>50%</b>
pass				0	0	1	0	1		0	1		1	<b>4</b>
fail				1	1	0	1	0		1	0		0	<b>4</b>
<b>UEI - San Marcos (918)</b>	N/A	N/A	N/A	0%	N/A	33%	57%	0%	N/A	N/A	50%	100%	N/A	<b>47%</b>
pass				0		1	4	0			1	1		<b>7</b>
fail				1		2	3	1			1	0		<b>8</b>
<b>UEI - Stockton (925)</b>	N/A	N/A	N/A	N/A	N/A	N/A	25%	100%	0%	100%	0%	100%	N/A	<b>50%</b>
pass							1	1	0	1	0	2		<b>5</b>
fail							3	0	1	0	1	0		<b>5</b>
<b>UEI - Van Nuys (453)</b>	100%	100%	100%	100%	0%	57%	57%	60%	50%	100%	75%	N/A	50%	<b>66%</b>
pass	1	1	2	2	0	4	4	3	1	1	3		1	<b>23</b>
fail	0	0	0	0	1	3	3	2	1	0	1		1	<b>12</b>
<b>Unitek - Concord (994)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	0%	N/A	N/A	N/A	<b>75%</b>
pass							2		1	0				<b>3</b>
fail							0		0	1				<b>1</b>
<b>Unitek - Sacramento (924)</b>	N/A	N/A	N/A	N/A	N/A	0%	100%	100%	N/A	N/A	0%	100%	N/A	<b>57%</b>
pass						0	2	1			0	1		<b>4</b>
fail						2	0	0			1	0		<b>3</b>
<b>Unitek - San Jose (995)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	<b>100%</b>
pass							3					1		<b>4</b>
fail							0					0		<b>0</b>
<b>West Wood College (922)</b>	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>0%</b>
pass						0								<b>0</b>
fail						1								<b>1</b>
<b>NATIONAL (ADA)</b>	N/A	N/A	50%	0%	50%	50%	88%	50%	100%	N/A	N/A	100%	0%	<b>62%</b>
pass			2	0	1	2	7	3	2			1	0	<b>18</b>
fail			2	1	1	2	1	3	0			0	1	<b>11</b>
<b>WORK EXPERIENCE</b>	N/A	N/A	57%	59%	N/A	67%	61%	57%	61%	55%	65%	44%	52%	<b>59%</b>
pass			32	41		93	151	66	55	52	69	49	52	<b>660</b>
fail			24	29		46	95	49	35	42	37	62	48	<b>467</b>
<b>PERCENT PASS</b>	<b>67%</b>	<b>68%</b>	<b>65%</b>	<b>68%</b>	<b>63%</b>	<b>65%</b>	<b>67%</b>	<b>64%</b>	<b>65%</b>	<b>65%</b>	<b>66%</b>	<b>53%</b>	<b>59%</b>	<b>64%</b>
<b>TOTAL PASS</b>	<b>106</b>	<b>100</b>	<b>145</b>	<b>144</b>	<b>79</b>	<b>324</b>	<b>591</b>	<b>220</b>	<b>224</b>	<b>218</b>	<b>210</b>	<b>155</b>	<b>156</b>	<b>2,672</b>
<b>TOTAL FAIL</b>	<b>52</b>	<b>48</b>	<b>79</b>	<b>67</b>	<b>47</b>	<b>171</b>	<b>285</b>	<b>126</b>	<b>122</b>	<b>117</b>	<b>110</b>	<b>140</b>	<b>109</b>	<b>1,473</b>

# RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

	Oct-16	Jan-17	Jun-17	Jul-17	Oct-17	Total
<b>Expanded Functions Dental Assistants Association (004)</b>						
Amalgam and Composite	83%	100%	82%	N/A	82%	<b>83%</b>
pass	24	3	9		9	<b>45</b>
fail	5	0	2		2	<b>9</b>
Cord Retraction & Final Impression	83%	100%	60%	N/A	93%	<b>81%</b>
Pass	24	1	6		13	<b>44</b>
Fail	5	0	4		1	<b>10</b>
<b>FADE (010)</b>						
Amalgam and Composite	N/A	N/A	N/A	80%	67%	<b>73%</b>
pass				4	4	<b>8</b>
fail				1	2	<b>3</b>
Cord Retraction & Final Impression	N/A	N/A	N/A	100%	75%	<b>88%</b>
pass				4	3	<b>7</b>
fail				0	1	<b>1</b>
<b>Howard Healthcare Academy (009)</b>						
Amalgam and Composite			60%	N/A	50%	<b>57%</b>
pass			3		1	<b>4</b>
fail			2		1	<b>3</b>
Cord Retraction & Final Impression			20%	N/A	50%	<b>33%</b>
pass			1		2	<b>3</b>
fail			4		2	<b>6</b>
<b>J Production (005)</b>						
Amalgam and Composite	100%	N/A	94%	0%	0%	<b>96%</b>
pass	55		17	0	0	<b>72</b>
fail	0		1	1	1	<b>3</b>
Cord Retraction & Final Impression	100%	N/A	100%	N/A	N/A	<b>100%</b>
pass	55		18			<b>73</b>
fail	0		0			<b>0</b>
<b>Loma Linda University (007)</b>						
Amalgam and Composite	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
pass						<b>0</b>
fail						<b>0</b>
Cord Retraction & Final Impression	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
pass						<b>0</b>
fail						<b>0</b>
<b>University of California, Los Angeles (002)</b>						
Amalgam and Composite	71%	100%	33%	N/A	40%	<b>54%</b>
pass	12	2	4		4	<b>22</b>
fail	5	0	8		6	<b>19</b>
Cord Retraction & Final Impression	71%	100%	70%	N/A	25%	<b>66%</b>
pass	12	1	7		1	<b>21</b>
fail	5	0	3		3	<b>11</b>



# RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

University of the Pacific (006)						
Amalgam and Composite	100%	100%	N/A	67%	50%	72%
pass	2	6		12	3	23
fail	0	0		6	3	9
Cord Retraction & Final Impression	100%	0%	N/A	80%	80%	78%
pass	2	0		12	4	18
fail	0	1		3	1	5
AMALGAM AND COMPOSITE	90%	100%	72%	67%	58%	79%
TOTAL PASS	93	11	33	16	21	174
TOTAL FAIL	10	0	13	8	15	46
CORD RETRACTION & FINAL	90%	67%	74%	84%	74%	83%
TOTAL PASS	93	2	32	16	23	166
TOTAL FAIL	10	1	11	3	8	33

\*January 2017 Exam had 0 RDAEF2 Candidates

# RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
<b>Expanded Functions Dental Assistants Association (004)</b>	0%	50%	0%	100%	N/A	N/A	40%	80%	50%	100%	75%	N/A	N/A	<b>66%</b>
pass	0	2	0	1			2	4	1	6	9			<b>25</b>
fail	1	2	2	0			3	1	1	0	3			<b>13</b>
<b>FADE (009)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60%	100%	N/A	100%	50%	<b>70%</b>
pass									3	1		2	1	<b>7</b>
fail									2	0		0	1	<b>3</b>
<b>Howard University (009)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	50%	0%	50%	<b>23%</b>
pass								0	0	0	2	0	1	<b>3</b>
fail								2	2	1	2	2	1	<b>10</b>
<b>J Production (005)</b>	33%	N/A	N/A	100%	N/A	100%	67%	60%	100%	N/A	0%	N/A	N/A	<b>65%</b>
pass	1			1		1	12	3	2		0			<b>20</b>
fail	2			0		0	6	2	0		1			<b>11</b>
<b>Loma Linda University (007)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
pass														<b>0</b>
fail														<b>0</b>
<b>University of California, Los Angeles (001)</b>	0%	33%	67%	67%	N/A	N/A	78%	40%	50%	0%	100%	N/A	N/A	<b>50%</b>
pass	0	1	2	2			7	2	1	0	1			<b>16</b>
fail	5	2	1	1			2	3	1	1	0			<b>16</b>
<b>University of California, San Francisco (002)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	<b>100%</b>
pass							2							<b>2</b>
fail							0							<b>0</b>
<b>University of the Pacific (006)</b>	N/A	N/A	100%	0%	N/A	0%	N/A	73%	0%	43%	100%	0%	100%	<b>47%</b>
pass			1	0		0		8	0	3	1	0	1	<b>14</b>
fail			0	1		3		3	3	4	0	2	0	<b>16</b>
<b>PERCENT PASS</b>	<b>11%</b>	<b>43%</b>	<b>50%</b>	<b>67%</b>	<b>0%</b>	<b>25%</b>	<b>68%</b>	<b>61%</b>	<b>44%</b>	<b>63%</b>	<b>68%</b>	<b>33%</b>	<b>60%</b>	<b>56%</b>
<b>TOTAL PASS</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>23</b>	<b>17</b>	<b>7</b>	<b>10</b>	<b>13</b>	<b>2</b>	<b>3</b>	<b>87</b>
<b>TOTAL FAIL</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>11</b>	<b>11</b>	<b>9</b>	<b>6</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>69</b>

# OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
American Canyon Orthodontics (092)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	100%
pass							2			1				3
fail							0			0				0
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Bakersfield Orthodontic Dental group (126)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass										0				0
fail										1				1
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Brian H Bergh, DDS (111)	N/A	N/A	N/A	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75%
pass				0	1	2								3
fail				1	0	0								1
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Braces - San Diego (113)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			1											1
fail			0											0
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1									1
fail					0									0
Dental Advantage (123)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	
pass													2	2
fail													1	1
Dental Career Institute (006)	20%	100%	100%	0%	100%	N/A	50%	N/A	33%	100%	N/A	100%	N/A	58%
pass	1	3	2	0	1		1		1	1		1		11
fail	4	0	0	1	0		1		2	0		0		8
Dental Pros (007)	0%	50%	100%	20%	100%	0%	50%	0%	33%	0%	100%	33%	0%	38%
pass	0	1	2	1	2	0	1	0	2	0	4	2	0	15
fail	4	1	0	4	0	1	1	1	4	2	0	4	3	25
Dental Specialties Institute Inc. (015)	0%	67%	80%	0%	50%	0%	50%	N/A	20%	50%	17%	42%	50%	37%
pass	0	2	4	0	1	0	1		1	3	1	5	2	20
fail	2	1	1	3	1	4	1		4	3	5	7	2	34
Diablo Orthodontic Specialities (096)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A	N/A	N/A	N/A	6%
pass									1					1
fail									15					15
Downey Adult School (004)	N/A	0%	N/A	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass		0		1	0									1
fail		1		0	1									2
Dr. Brian C Crawford (086)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%
pass							1				2			3
fail							0				0			0
Dr. Christopher C. Cruz (081)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%
pass								0						0
fail								1						1
Dr. Efstatios Righellis (029)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A
pass											1	1		2
fail											0	0		0
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Jason M. Cohen (085)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1													1
fail	0													0
Dr. Jeffrey Kwong (083)	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass					0	1								1
fail					1	0								1
Dr. Joel Brodsky (013)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	50%
pass										1		0		1
fail										0		1		1

# OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Dr. Joseph Gray (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Dr. Lili Mirtorabi Orthodontics (021)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%	60%
pass			2							0		0	1	3
fail			0							1		1	0	2
Dr. Michael Payne/Cao (005)	N/A	0%	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass		0	0				1							1
fail		1	1				0							2
Dr. Paul J. Styr (067)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass										1				1
fail										0				0
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	60%
pass				0		1				1			1	3
fail				2		0				0			0	2
Elite Orthodontics (031)	100%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	100%
pass	1			1			2			1				5
fail	0			0			0			0				0
Expanded Functions Dental Assistant Assoc (001)	78%	78%	20%	17%	100%	50%	60%	38%	N/A	33%	75%	63%	20%	52%
pass	7	7	1	1	1	5	3	3		4	9	5	1	47
fail	2	2	4	5	0	5	2	5		8	3	3	4	43
Garrett Orthodontics (017)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1										1
fail				0										0
Hamid Barkhovdar, DDS (124)	N/A	N/A	N/A	100%	0%	67%	50%	100%	0%	25%	100%	50%	67%	57%
pass				1	0	4	1	2	0	1	1	1	2	13
fail				0	1	2	1	0	1	3	0	1	1	10
Howard Healthcare Academy, LLC (084)	N/A	N/A	N/A	100%	0%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass				1	0		0							1
fail				0	1		1							2
Image Orthodontics (114)	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	50%
pass					0			1						1
fail					1			0						1
Irvine Children's Dentistry (97)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass								1						1
fail								0						0
J Productions (003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Kairos Career College (117)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	N/A	0%
pass									0	0		0		0
fail									2	1		2		5
Kubisch A Dental Corporation (028)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Loma Linda University (090)	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass		2		1										3
fail		0		0										0
M. John Redmond, DDS (024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Melanie Parker, DDS (049)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	100%	N/A	100%	N/A	50%
pass						0			0	1		1		2
fail						1			1	0		0		2
OC Dental Specialists (128)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A
pass													0	0
fail													1	1
Orthoworks Dental Group, Dr. David Shen (043)	N/A	0%	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	33%
pass		0		0				1						1
fail		1		1				0						2

# OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Parkside Dental (041)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass										0				0
fail										1				1
Pasadena City College (011)	0%	67%	75%	N/A	100%	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	57%
pass	0	2	3		1			1		1				8
fail	4	1	1		0			0		0				6
Raymond J. Kieffer, DDS (069)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A
pass												1		1
fail												0		0
Riverside County Office of Education (087)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	100%	N/A	N/A	33%
pass									0	0	1			1
fail									1	1	0			2
Robert Sheffield, DDS Inc. (018)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A
pass													1	1
fail													0	0
Sacramento City College (002)	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	25%
pass				0	1				0					1
fail				2	0				1					3
Susan S. So, DDS (121)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	50%	100%	N/A	33%
pass									0	0	2	1		3
fail									2	2	2	0		6
Tai D. Jeregensen, DDS (042)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Thao Nguyen, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
The FADE Institute, Inc. (137)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	80%	N/A
pass												2	4	6
fail												1	1	2
Thompson Tom, DDS (030)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	80%
pass					0				2	2				4
fail					1				0	0				1
Toth and Torossian Partnership (110)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			1											1
fail			0											0
Tri-Valley Orthodontics (101)	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	100%	N/A	N/A	N/A	100%	80%
pass					0	2			1				1	4
fail					1	0			0				0	1
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			2	2										4
fail			0	0										0
Valley School of Dental Assisting (027)	N/A	50%	0%	0%	N/A	50%	75%	0%	0%	N/A	33%	0%	0%	26%
pass		1	0	0		2	3	0	0		1	0	0	7
fail		1	2	3		2	1	3	3		2	1	2	20
Western Career College (025)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	0%
pass								0		0		0		0
fail								1		1		1		3
Western Dental - Corona (102)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%
pass											0		0	0
fail											1		2	3
Western Dental - Sacramento (104)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%
pass											0			0
fail											1			1
Western Dental & Orthodontics - Lodi (130)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	N/A	50%	40%
pass										1	0		1	2
fail										1	1		1	3
Western Dental Services - Bakersfield (053)	N/A	N/A	0%	0%	0%	50%	0%	N/A	N/A	N/A	N/A	0%	0%	10%
pass			0	0	0	1	0					0	0	1
fail			2	1	1	1	1					1	2	9
Western Dental Services - Banning (078)	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	0%	N/A	N/A	100%	14%
pass					0	0	0	0		0			1	1
fail					1	1	1	2		1			0	6
Western Dental Services - Fontana (079)	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	0%	N/A	0%	N/A	0%	0%
pass				0			0		0		0		0	0
fail				2			1		1		2		1	7

# OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Western Dental Services - Fresno (131)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A
pass												1	0	1
fail												0	1	1
Western Dental Services - Los Angeles (052)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	50%
pass										0			1	1
fail										1			0	1
Western Dental Services - Manteca (062)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Modesto (064)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Oceanside (055)	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass		0	1											1
fail		1	0											1
Western Dental Services - Orange (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass										1				1
fail										0				0
Western Dental Services - Oxnard (103)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass					0									0
fail					1									1
Western Dental Services - Redwood City (076)	N/A	N/A	100%	0%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	25%
pass			1	0					0				0	1
fail			0	1					1				1	3
Western Dental Services - Riverside (057)	N/A	100%	0%	N/A	N/A	N/A	N/A	N/A	0%	0%	50%	N/A	N/A	22%
pass		1	0						0	0	1			2
fail		0	1						2	3	1			7
Western Dental Services - N. Sacramento (020)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Western Dental Services - Sacramento (051)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass										0				0
fail										1				1
Western Dental Services - Salinas (088)	N/A	N/A	N/A	0%	N/A	50%	N/A	N/A	0%	N/A	0%	50%	100%	38%
pass				0		1			0		0	1	1	3
fail				1		1			1		1	1	0	5
Western Dental Services - San Leandro (050)	N/A	N/A	N/A	N/A	100%	0%	0%	0%	100%	N/A	N/A	0%	33%	42%
pass					2	0	0	0	2			0	1	5
fail					0	1	1	2	0			1	2	7
Western Dental Services - Santa Clara (054)	N/A	0%	0%	0%	N/A	N/A	N/A	0%	N/A	N/A	0%	0%	100%	11%
pass		0	0	0				0			0	0	1	1
fail		1	1	1				1			2	2	0	8
Western Dental Services - Tracy (063)	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass			0			1								1
fail			1			0								1
Zhi Meng, DDS (044)	N/A	N/A	N/A	0%	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	14%
pass				0				1	0					1
fail				2				1	3					6
PERCENT PASS	38%	63%	59%	25%	50%	51%	57%	37%	19%	39%	52%	45%	46%	43%
TOTAL PASS	10	19	20	10	11	20	16	10	10	20	23	22	21	212
TOTAL FAIL	16	11	14	30	11	19	12	17	44	31	21	27	25	278

## DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total	
Pacific Oral and Maxillofacial Surgery	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	
pass														0	
fail														0	
Robert E. Bell, DDS, Inc.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	
pass								2							2
fail								0							0
PERCENT PASS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	
TOTAL PASS								2							2
TOTAL FAIL								0							0

## MEMORANDUM

<b>DATE</b>	January 5, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Laura Fisher, Educational Program Coordinator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5D: Update on Dental Assisting Licensing Statistics</b>

The following table provides current license status statistics by license type as of  
**January 5, 2018**

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	29,609	1,412
Current & Inactive	4,570	77
Delinquent	11,304	219
<b>Total Population (Current &amp; Delinquent)</b>	<b>45,483</b>	<b>1,708</b>
Total Cancelled Since Implementation	42,993	288

The following table provides current permit status statistics by permit type as of  
**January 5, 2018**

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	757	28	785
Current & Inactive	9	1	10
Delinquent	77	11	88
<b>Total Population (Current &amp; Delinquent)</b>	<b>843</b>	<b>40</b>	<b>883</b>
Total Cancelled Since Implementation	0	0	0



### Definitions

<b>Current &amp; Active</b>	An individual who has an active status and has completed all renewal requirements receives this status.
<b>Current &amp; Inactive</b>	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
<b>Delinquent</b>	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
<b>Cancelled</b>	An individual who fails to comply with renewal requirements by a set deadline will receive this status.
<b>Deficient</b>	Application processed lacking one or more requirements

### Delinquent License Aging Status

License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days – 1 Year	1 – 2 Years	2 – 3 Years	3 – 4 Years	4 – 5 Years
<b>RDA</b>	623	368	311	2,061	3,142	1,618	1,676	1,470
<b>RDAEF</b>	20	7	6	46	71	28	23	18
<b>OA</b>	19	4	2	21	23	4	4	0
<b>DSA</b>	0	0	1	2	4	3	1	0

### Active Licensees by County as of January 5, 2018

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Alameda	1270	1,645,359	1,296	1465	1:1
Alpine	0	1,151	N/A	0	N/A
Amador	55	38,382	698	22	3:1
Butte	267	226,404	848	148	2:1
Calaveras	58	45,168	778	16	4:1
Colusa	25	22,043	882	5	5:1
Contra Costa	1350	1,139,513	844	1090	1:1
Del Norte	30	27,124	904	15	2:1
El Dorado	223	185,062	830	166	1:1
Fresno	822	995,975	1,212	589	1:1
Glenn	48	28,731	599	10	5:1
Humboldt	180	136,953	761	73	2:1
Imperial	83	188,334	2,269	39	2:1
Inyo	11	18,619	1,693	10	1:1
Kern	569	895,112	1,573	332	2:1
Kings	126	149,537	1,187	66	2:1
Lake	62	64,945	1,048	44	1:1
Lassen	46	30,918	672	20	2:1
Los Angeles	4,662	10,241,278	2,197	8359	1:2
Madera	136	156,492	1,151	50	3:1
Marin	192	263,604	1,373	328	1:2
Mariposa	14	18,148	1,296	8	2:1
Mendocin	98	89,134	910	59	2:1

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Merced	188	274,665	1,461	93	2:1
Modoc	6	9,580	1,597	5	1:1
Mono	6	13,713	2,286	4	1:1
Monterey	396	442,365	1,117	270	1:1
Napa	147	142,408	969	110	1:1
Nevada	80	98,828	1,235	84	1:1
Orange	1,844	3,194,024	1,732	3793	1:2
Placer	528	382,837	725	445	1:1
Plumas	18	19,819	1,101	15	1:1
Riverside	1,922	2,384,783	1,241	1051	2:1
Sacramento	1,669	1,514,770	908	1089	2:1
San Benito	97	56,854	586	21	5:1
San Bernardino	1,510	2,160,256	1,431	1330	2:1
San Diego	2,603	3,316,192	1,274	2685	1:1
San Francisco	460	874,228	1,900	1250	1:3
San Joaquin	733	746,868	1,019	370	2:1
San Luis Obispo	226	280,101	1,239	223	1:1
San Mateo	673	770,203	1,144	873	1:1
Santa Barbara	315	450,663	1,431	324	1:1
Santa Clara	1,684	1,938,180	1,151	2241	1:1
Santa Cruz	225	276,603	1,229	188	1:1
Shasta	207	178,605	863	112	2:1
Sierra	4	3,207	802	1	4:1
Siskiyou	28	44,688	1,596	23	1:1
Solano	589	436,023	740	282	2:1
Sonoma	718	505,120	704	405	2:1
Stanislaus	580	548,057	945	277	2:1
Sutter	109	96,956	890	49	2:1
Tehama	67	63,995	955	23	3:1
Trinity	5	13,628	2,726	4	1:1
Tulare	416	471,842	1,134	207	2:1
Tuolumne	89	54,707	614	51	2:1
Ventura	538	857,386	1,594	666	1:1
Yolo	200	218,896	1,094	121	2:1
Yuba	93	74,577	802	11	8:1
Out of State/Country	292				
<b>TOTAL</b>	29,592	39,523,613			

\*Population data obtained from Department of Finance, Demographic Research Unit

\*\*Ratios are rounded to the nearest whole number

The counties with the highest Population per RDA are:

Agenda Item 5D: Update on Dental Assisting Licensing Statistics  
Dental Board Meeting  
February 8-9, 2018

1. Trinity County (1:2,726)
2. Mono County (1:2,286)
3. Imperial County (1:2,269)
4. Los Angeles County (1:2,197)
5. San Francisco County (1:1,900)

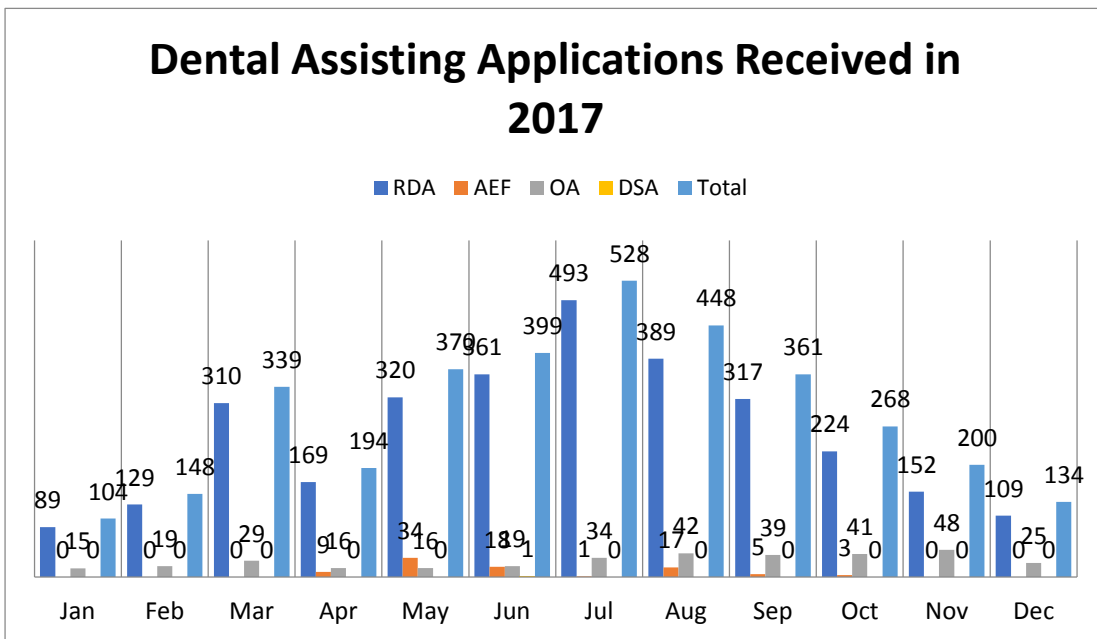
The counties with the lowest Population per RDA are:

1. Alpine County (No RDAs)
2. San Benito County (1:586)
3. Glenn County (1:599)
4. Tuolumne County (1:614)
5. Lassen County (1:672)

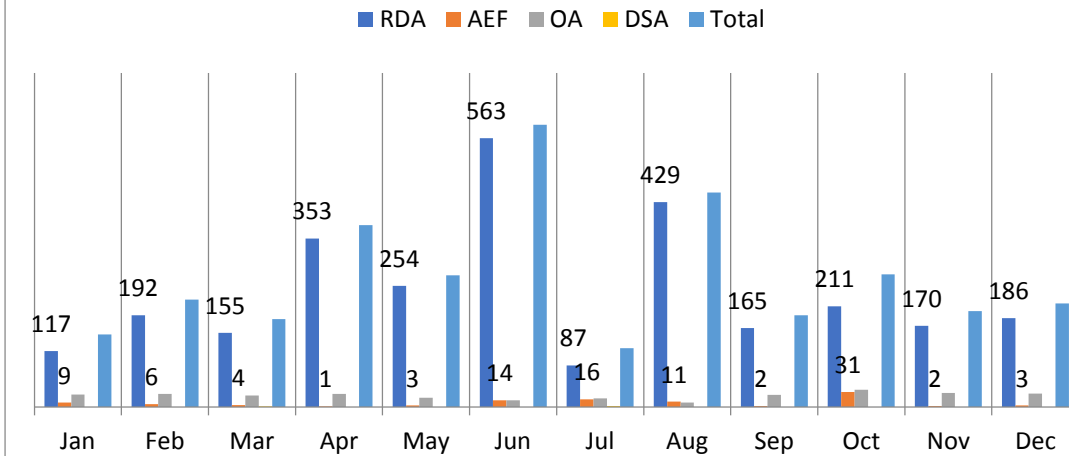
**B. Following are monthly dental statistics by license type as of January 5, 2018**

<b>Dental Assistant Applications Received by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	89	129	310	169	320	361	493	389	317	224	152	109	3062
RDAEF	0	0	0	9	34	18	1	17	5	3	0	0	87
OA	15	19	29	16	16	19	34	42	39	41	48	25	343
DSA	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>Total</b>	<b>104</b>	<b>148</b>	<b>339</b>	<b>194</b>	<b>370</b>	<b>399</b>	<b>528</b>	<b>449</b>	<b>361</b>	<b>268</b>	<b>200</b>	<b>134</b>	<b>3493</b>
<b>Dental Assistant Applications Approved by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	117	192	155	353	254	563	87	429	165	211	170	186	2882
RDAEF	9	6	4	1	3	14	16	11	2	31	2	3	102
OA	26	27	24	27	19	14	18	9	25	36	29	28	282
DSA	0	0	1	0	0	0	2	0	0	0	0	0	3
<b>Total</b>	<b>152</b>	<b>225</b>	<b>184</b>	<b>381</b>	<b>276</b>	<b>591</b>	<b>123</b>	<b>449</b>	<b>192</b>	<b>278</b>	<b>201</b>	<b>217</b>	<b>3269</b>
<b>Dental Assistant Licenses Issued by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	118	201	160	371	271	686	78	410	160	649	512	559	4175
RDAEF	9	6	4	1	3	14	12	9	2	54	4	5	123
OA	26	27	24	0	0	0	16	9	19	36	29	28	214
DSA	0	0	1	0	0	0	1	0	0	0	0	0	2
<b>Total</b>	<b>153</b>	<b>234</b>	<b>189</b>	<b>372</b>	<b>274</b>	<b>700</b>	<b>107</b>	<b>428</b>	<b>181</b>	<b>739</b>	<b>545</b>	<b>592</b>	<b>4514</b>
<b>Cancelled Dental Assistant Applications by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	1	0	0	0	0	0	0	0	0	0	0	1
RDAEF	0	0	0	0	0	0	0	0	0	0	0	0	0
OA	5	0	0	0	0	0	0	0	0	0	0	0	5
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
<b>Withdrawn Dental Assistant Applications by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	40	25	11	0	12	0	0	0	1	0	0	0	89
RDAEF	0	0	1	0	0	0	0	0	0	0	0	0	1

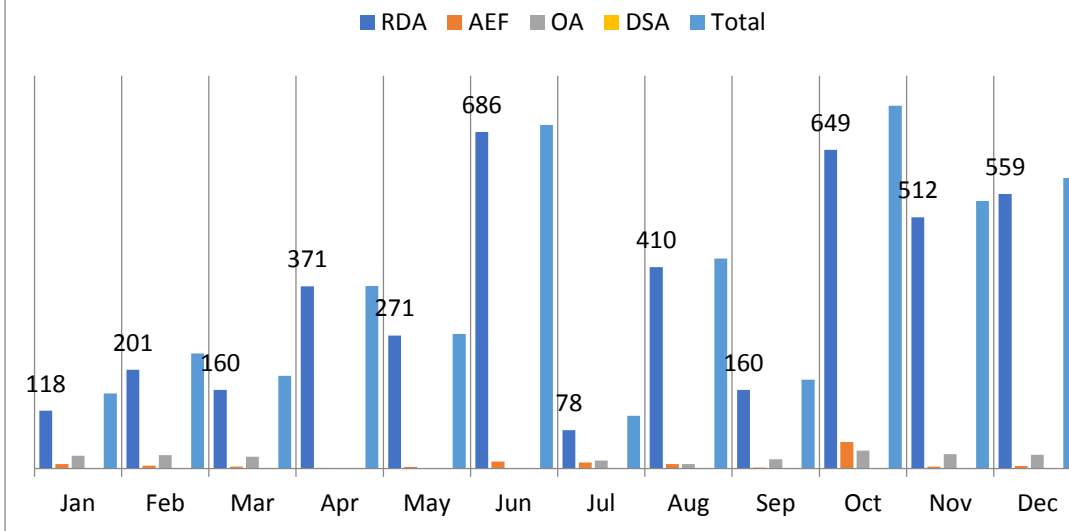
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
OA	2	1	0	0	0	0	0	0	0	0	0	0	3
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>0</b>	<b>1</b>	<b>26</b>	<b>12</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93</b>
<b>Denied Dental Assistant Applications by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0	15	42	20	0	11	0	1	0	0	89
RDAEF	0	0	0	0	0	0	0	0	0	0	0	0	0
OA	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>42</b>	<b>20</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>89</b>



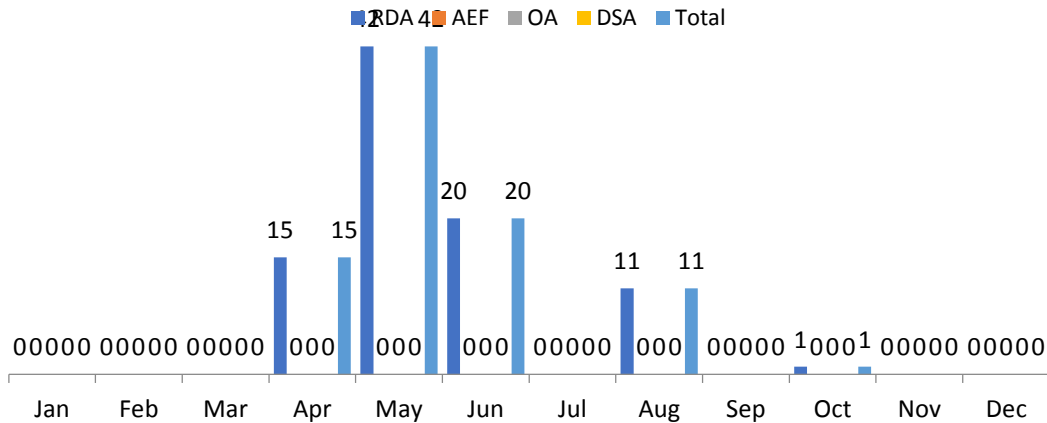
## Dental Assisting Applications Approved in 2017



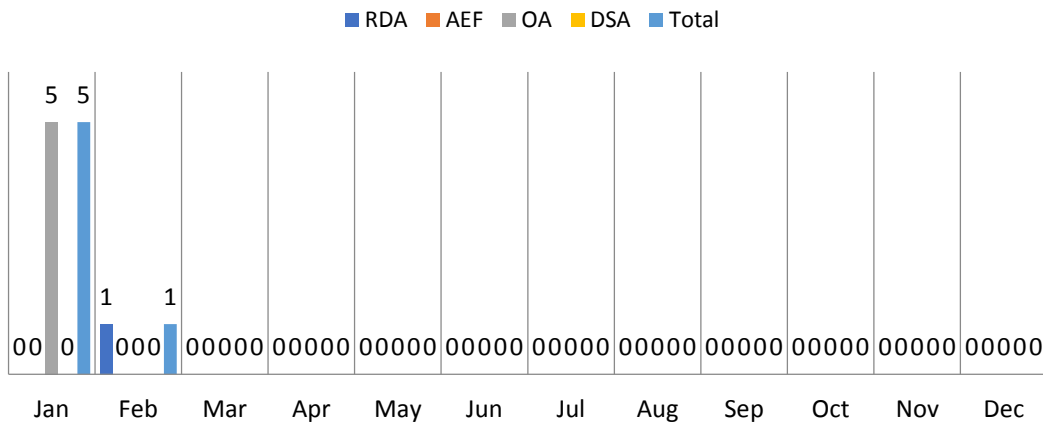
## Dental Assisting Licenses Issued in 2017



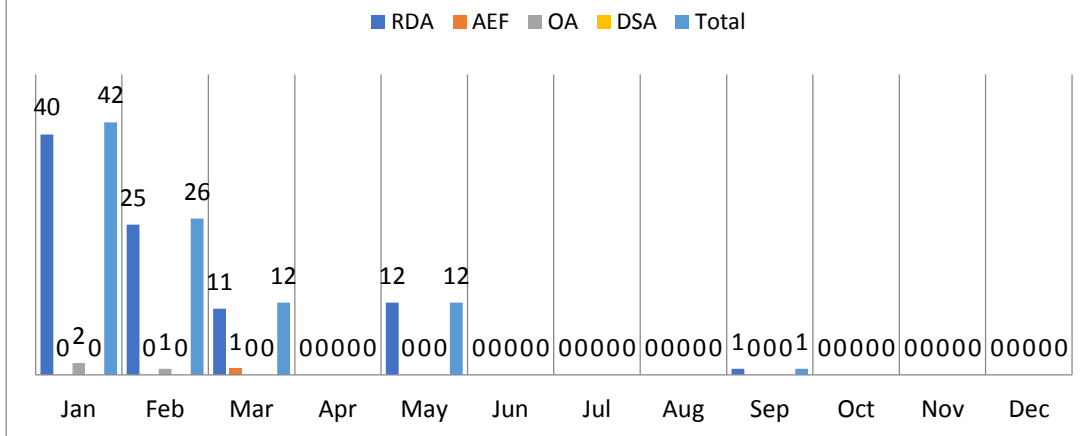
## Denied Dental Assisting Applications in 2017



## Cancelled Dental Assisting Applications in 2017



## Withdrawn Dental Assisting Applications in 2017





## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Tina Vallery, Examination Coordinator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5E:</b> Update Regarding the Combining of the Registered Dental Assistant (RDA) Law & Ethics and General Written Examinations

### **Background:**

At its December 2016 meeting, the Dental Board of California (Board) and the Dental Assisting Council (Council) discussed combining the Registered Dental Assistant (RDA) Written and Law and Ethics examinations into one examination. The 2016 RDA Occupational Analysis (OA) results indicated that the RDA Written and Law and Ethics examinations should be combined into one examination. This change would remove barriers to licensure for RDA candidates. Candidates will only have to schedule and pay for one written examination instead of scheduling and paying for two examinations.

Staff has been working with the Office of Professional Examination Services (OPES) at the Department of Consumer Affairs (DCA) to implement the combined test plan based on the results of the 2016 RDA OA to ensure that the combined examination is legally defensible and meets the requirements of Business and Professions Code section 139.

Board staff assisted OPES in coordinating the Review/Item Writing Workshop for the Registered Dental Assistant (RDA) Law and Ethics Examination Licensure Program that were held on February 3-4, 2017, August 4-5, 2017, October 27-28, 2017 and December 8-9, 2017, as well as, an Exam Construction Workshop that was held on January 12-13, 2018. During these workshops and under the facilitation of an OPES testing specialist, licensees participated in reviewing test items and writing new test items.

In November 2017, the Board posted the examination plan for the new combined RDA Law and Ethics and Written Examination. Board staff received feedback from stakeholders regarding the examination plan; as a result, the OPES made some minor revisions to the document. The updated examination plan has been posted to the Board's web site at: [http://www.dbc.ca.gov/formspubs/rda\\_law\\_ethics\\_combined.pdf](http://www.dbc.ca.gov/formspubs/rda_law_ethics_combined.pdf).



At this point in time, Board staff are working with the DCA on the Breeze implementation plan. Board staff anticipates the one combined examination will be launched in May 2018.

**Action Requested:**

No action requested.



## MEMORANDUM

<b>DATE</b>	January 24, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Tina Vallery, Examination Coordinator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5F:</b> Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Review of the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examination

### **Background:**

After the 2016 Registered Dental Assistant in Extended Functions (RDAEF) Occupational Analysis, the Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) complete a comprehensive review of the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations. The purpose of the review was to determine whether the Board's RDAEF Clinical and Practical Examinations meet professional guidelines and technical standards.

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that their examination programs comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the corresponding profession.

On October 7, 2017, OPES staff observed the RDAEF Clinical and Practical Examinations held at the University of California, Los Angeles (UCLA) School of Dentistry in Los Angeles. On October 14, 2017, OPES staff observed the examiner training and scoring of the RDAEF Clinical and Practical Examinations held at the University of California, San Francisco (UCSF) School of Dentistry in San Francisco. The observations included discussions with Board staff, testing staff, dentists (examiners), and the RDAEF chief examiner. The purpose of the observations was to evaluate the process of the clinical and practical examinations with regard to reliability of measurement, examiner training and test scoring, administration, and test security and fairness to determine if the examinations meet professional guidelines and technical standards.

This information, coupled with OPES' observation of two test administrations at two different locations, established that the examinations meet professional guidelines and technical standards with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. However, OPES recommends that the Board include additional slides during examiner training to enhance the level of examiner calibration, and that the Board institute a few minor improvements to the testing procedures and the testing environment to further improve the test administration process for all candidates (i.e., provide additional signage and clocks, provide additional reminders about prohibited items during check-in, and check room temperature). OPES believes that these small recommendations would increase the reliability and validity of the examinations.

Board staff will be working with OPES and the RDAEF examination team to implement the recommendations.

**Action Requested:**

No action requested at this time.



## MEMORANDUM

<b>DATE</b>	January 24, 2018
<b>TO</b>	Members of the Dental Board of California Members of the Dental Assisting Council
<b>FROM</b>	Tina Vallery, Examination Coordinator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5G:</b> Update on Dental Assisting Council (DAC) Council Member Recruitment

### **Background**

The Dental Assisting Council (DAC) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Board and the standing Committees of the Board. The members of the Council include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants. In February 2012, the Board appointed members to the Council in staggered terms in accordance with Business and Professions Code Section 1742(9).

The DAC meets quarterly in conjunction with the Dental Board meetings and at other times as deemed necessary. The DAC is composed of the Registered Dental Assistant member of the Board, another member of the Board, two members who are employed as faculty members of a registered dental assisting educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions, who shall be employed clinically in private dental practice or public safety net or dental health care clinics. DAC members are appointed by the Board and serve at the Board's pleasure.

A recruitment notice has been posted on the Board's website and applications are now being accepted from qualified registered dental assistants for two (2) members who are employed as faculty members of a registered dental assisting educational program approved by the Board and one (1) member employed clinically in private dental practice or public safety net or dental health care clinics. The application deadline is Friday, February 16, 2018.

Board staff expects possible candidates for appointment to be presented at the May meeting for the Board's consideration.

### **Action Requested:**

No action requested at this time.



## MEMORANDUM

<b>DATE</b>	January 3, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6A:</b> 2018 Tentative Legislative Calendar—Information Only

The 2018 Tentative Legislative Calendar for both the Senate and Assembly are enclosed.

**Action Requested:**  
No action necessary.

2018 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 11/16/16

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARCH						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3** **Legislature Reconvenes** (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- Jan. 15** Martin Luther King, Jr. Day.
- Jan. 19** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to **submit bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to **pass bills introduced** in that house in the odd-numbered year (J.R. 61(b)(3), (Art. IV, Sec. 10(c)).

- Feb. 16** Last day for bills to be **introduced** (J.R. 61(b)(4), (J.R. 54(a)).

- Feb. 19** Presidents’ Day.

- Mar. 22** **Spring Recess** begins upon adjournment of this day’s session (J.R. 51(b)(1)).
- Mar. 30** Cesar Chavez Day observed.

- Apr. 2** **Legislature Reconvenes** from Spring Recess (J.R. 51(b)(1)).
- Apr. 27** Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 11** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 18** Last day for **policy committees** to meet prior to June 4 (J.R. 61(b)(7)).
- May 25** Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)). Last day for **fiscal committees** to meet prior to June 4 (J.R. 61(b)(9)).
- May 28** Memorial Day.
- May 29- June 1 Floor Session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61 (b)(10)).

\*Holiday schedule subject to Senate Rules committee approval

2018 TENTATIVE LEGISLATIVE CALENDAR  
COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 11/16/16

JUNE						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- June 1** Last day for each **house to pass bills** introduced in that house (J.R. 61(b)(11)).
- June 4** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).
- June 28** Last day for a legislative measure to qualify for the Nov. 6 General Election ballot (Elections code Sec. 9040).
- June 29** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- July 4** Independence Day.
- July 6** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)). **Summer Recess** begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

AUGUST						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- Aug. 6** **Legislature Reconvenes** (J.R. 51(b)(2)).
- Aug. 17** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 20-31** **Floor Session only.** No committees, other than Conference and Rules Committees, may meet for any purpose (J.R. 61(b)(16)).
- Aug. 24** Last day to **amend** on the floor (J.R. 61(b)(17)).
- Aug. 31** Last day for **each house to pass bills**, except bills that take effect immediately or bills in Extraordinary Session (Art. IV, Sec. 10(c), (J.R. 61(b)(18)). **Final Recess** begins upon adjournment (J.R. 51(b)(3)).

\*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

- 2018**
- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Nov. 6 General Election
- Nov. 30 Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 3 12 Noon convening of the 2019-20 Regular Session (Art. IV, Sec. 3(a)).
- 2019**
- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

2018 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 9-20-17

JANUARY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30	31			

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Wk. 1	25	26	27	28			

MARCH							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Spring Recess	25	26	27	28	29	30	31

APRIL							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Wk. 1	29	30					

MAY							
	S	M	T	W	TH	F	S
Wk. 1			1	2	3	4	5
Wk. 2	6	7	8	9	10	11	12
Wk. 3	13	14	15	16	17	18	19
Wk. 4	20	21	22	23	24	25	26
No Hrgs.	27	28	29	30	31		

DEADLINES

- Jan. 1Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15Martin Luther King, Jr. Day.
- Jan. 19Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

- Feb. 16Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 19Presidents' Day.

- Mar. 22**Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30Cesar Chavez Day observed.

- Apr. 2Legislature reconvenes from Spring Recess (J.R. 51 (b)(1)).

- Apr. 27Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 11Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 18Last day for **policy committees** to meet prior to June 4 (J.R. 61(b)(7)).
- May 25Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 4 (J.R. 61 (b)(9)).
- May 28Memorial Day.

- May 29 – June 1**Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

\*Holiday schedule subject to final approval by Rules Committee.



2018 TENTATIVE LEGISLATIVE CALENDAR  
COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
Revised 9-20-17

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30

- June 1** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- June 4** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 28** Last day for a legislative measure to qualify for the Nov. 6 General Election ballot. (Elec. Code Sec. 9040)
- June 29** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Summer Recess	8	9	10	11	12	13	14
Summer Recess	15	16	17	18	19	20	21
Summer Recess	22	23	24	25	26	27	28
Summer Recess	29	30	31				

- July 4** Independence Day.
- July 6** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)). **Summer Recess** begins on adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
No Hrgs.	19	20	21	22	23	24	25
No Hrgs.	26	27	28	29	30	31	

- Aug. 6** Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).
- Aug. 17** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 20 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 24** Last day to **amend** on Floor (J.R. 61(b)(17)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)). **Final Recess** begins on adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2018

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec.10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2019 (Art. IV, Sec. 8(c)).
- Nov. 6 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 3 2019-20 Regular Session convenes for Organizational Session at 12 noon (Art. IV, Sec. 3(a)).

2019

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

\*Holiday schedule subject to final approval by Rules Committee.



## MEMORANDUM

<b>DATE</b>	January 7, 2018
<b>TO</b>	Legislative and Regulatory Committee, Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6B:</b> Discussion and Possible Action on Legislation

### **Background:**

Board staff is currently tracking six (6) bills, pertaining to the review of administrative regulations, dentistry as it relates anesthesia and sedation, Department of Consumer Affairs Board Meetings, the CURES database. Currently, the only bills that will most likely impact the Dental Practice Act are as follows:

AB 12	Cooley	State Government Administrative Regulations: Review
AB 224	Thurmond	Dentistry: Anesthesia and Sedation
AB 710	Wood	Department of Consumer Affairs: Boards: Meetings
SB 392	Bates	Dentistry: Report: Access to Care: Pediatric Dental Patients
SB 501	Glazer	Dentistry: Anesthesia and Sedation Report
SB 641	Lara	Controlled Substance Utilization Review and Evaluation System: Privacy

Staff has provided a matrix of the tracked legislation disclosing information regarding each bill's status and location. Staff has also provided copies of each bill, in its most recent version, accompanied by staff analyses.

### **Action Requested:**

The Legislative and Regulatory Committee may recommend the Board take one of the following actions regarding each bill:

Support  
 Support if Amended  
 Oppose  
 Watch  
 Neutral  
 No Action

2018 Legislative Tracker					
Bill	Title	Author	Description	Status/Location of the Bill	Board Action
Assembly Bill 12 (AB 12)	State Government Administrative Regulations: Review	Cooley	This bill would require every state agency to review their existing regulations and revise or repeal inconsistent, overlapping, duplicative, and outdated provisions by January 1, 2020. This bill would also require the Business, Consumer Services, and Housing Agency to submit a report to the Governor and Legislature affirming compliance with these provisions.	Assembly	Watch/Februrary Board Meeting 2017
Assembly Bill 224 (AB 224)	Dentistry: Anesthesia and Sedation	Thurmond	This Bill would implement portions of the Board's recommendations included in their pediatric anesthesia study that was provided to the legislature. This bill would change the way the Board regulates pediatric anesthesia by enhancing requirements for the administration of general anesthesia and deep sedation for patients 13 years of age and younger.	Senate	Watch/Februrary Board Meeting 2017
Senate Bill 392 (SB 392)	Dentistry: Report: Access to Care: Pediatric Patients	Bates	This bill would require the Board to analyze and report to the Legislature by January 1, 2019, how requiring an additional anesthesia permitholder to be present when administering general anesthesia to a patient 7 years of age or younger would affect access to care for pediatric patients.	Assembly	Watch/August Board Meeting 2017
Senate Bill 501 (SB 501)	Dentistry: Anesthesia and Sedation Report	Glazer	This Bill would implement portions of the Board's recommendations included in their pediatric anesthesia study that was provided to the legislature. This bill would change the way the Board regulates pediatric anesthesia by enhancing requirements for the administration of general anesthesia and deep sedation for patients 13 years of age and younger.	Assembly	Watch/August Board Meeting 2017
Senate Bill 641 (SB 641)	Controlled Substance Utilization Review and Evaluation System: Privacy	Lara	This bill would require the DOJ to only provide data obtained from the CURES database to a federal, state, or local law enforcement agency purusant to a warrant based on probable cause for an opening and active criminal investigation regarding prescription drug abuse or diversion of controlled substances.	Assembly	No Action Taken Yet

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
FEBRUARY 8 - FEBRUARY 9, 2018 BOARD MEETING**

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**BILL NUMBER:** Assembly Bill 12

**AUTHOR:** Cooley

**SPONSOR:**

**VERSION:** Revised 03/08/2017

**INTRODUCED:** 12/05/2016

**BILL STATUS:** 05/26/2017 – In Appropriations  
Committee: Held Under  
Submission

**BILL LOCATION:** Assembly

**SUBJECT:** State Government:  
Administrative Regulations:  
Review

**RELATED  
BILLS:**

**SUMMARY**

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposed to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2020, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2021.

**ANALYSIS**

This bill attempts to address the necessity for continued fiscal discipline by requiring agencies to systematically undertake a one-time comprehensive review process to eliminate any overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure a more efficient implementation as well as enforcement of the laws to reduce unnecessary and outdated rules and regulations.

This bill would result in a fiscal impact to the Board because additional staff would need to be hired . A limited term staff would be needed to look through the Dental Practice Act (Act) to review all the regulations in the California Code of Regulations, Title 16, Division 10, and identify regulations that are duplicative, overlapping, inconsistent or outdated, and proceed with the regulatory rulemaking process in revising those identified sections. Specifically, this staff member would be required to review and

identify the specific sections; notify respective appropriations committees; draft a report notifying the legislature and governor of the changes to take place; and work with the Board's legislative and regulatory analyst in initiating the rulemaking process for all the revisions.

This same bill was also introduced during the 2015-2016 Legislative session; however, it failed to pass Senate Appropriations Committee, because of the cost associated with implementation.

## **REGISTERED SUPPORT/OPPOSITION**

### **Support**

Acclamation Insurance Management Services  
Allied Managed Care  
American Chemistry Council  
American Federation of State, County and Municipal Employees, AFL-CIO  
American Forest & Paper Association  
Associated Builders and Contractors of California  
Building Owners and Managers Association of California  
California Asian Pacific Chamber of Commerce  
California Association for Health Services at Home  
California Association of Boutique and Breakfast Inns  
California Association of Independent Business  
California Association of Specialty Contractors  
California Building Industry Association  
California Business Properties Association  
California Business Roundtable  
California Cement Manufacturers Environmental Coalition  
California Chamber of Commerce  
California Construction & Industrial Materials Association  
California Forestry Association  
California Grocers Association  
California Hotel & Lodging Association  
California Independent Oil Marketers Association  
California League of Food Processors  
California Manufacturers and Technology Association  
California Professional Association of Specialty Contractors  
California Retailers Association  
Chemical Industry Council of California  
Commercial Real Estate Development Association, NAIOP Of California  
Consumer Specialty Products Association  
Family Business Association  
Flasher Barricade Association  
Industrial Environmental Association  
International Council of Shopping Centers  
National Federation of Independent Business

National Shooting Sports Foundation, Inc.  
Small Business California  
Sporting Arms and Ammunition Manufacturers' Institute, Inc,  
USANA Health Sciences, Inc.  
Western States Petroleum Association

Oppose

California Labor Federation  
California Nurses Association  
National Nurses United

**STAFF RECOMMENDATION**

Watch.

**BOARD POSITION:**

**SUPPORT:**\_\_\_\_\_ **OPPOSE:**\_\_\_\_\_ **NEUTRAL:**\_\_\_\_\_ **WATCH:**\_\_\_\_\_

**ASSEMBLY BILL**

**No. 12**

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**Introduced by Assembly Member Cooley**  
*(Principal coauthors: Assembly Members Calderon and Cunningham)*

December 5, 2016

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An act to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as introduced, Cooley. State government: administrative regulations: review.

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2020, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2021.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Chapter 3.6 (commencing with Section 11366) is added to Part 1 of Division 3 of Title 2 of the Government Code, to read:

CHAPTER 3.6. REGULATORY REFORM

Article 1. Findings and Declarations

11366. The Legislature finds and declares all of the following:

(a) The Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500)) requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses.

(b) However, the act does not require agencies to individually review their regulations to identify overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

(c) At a time when the state's economy is slowly recovering, unemployment and underemployment continue to affect all Californians, especially older workers and younger workers who received college degrees in the last seven years but are still awaiting their first great job, and with state government improving but in need of continued fiscal discipline, it is important that state agencies systematically undertake to identify, publicly review, and eliminate overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure they more efficiently implement and enforce laws and to reduce unnecessary and outdated rules and regulations.

Article 2. Definitions

11366.1. For the purposes of this chapter, the following definitions shall apply:

(a) "State agency" means a state agency, as defined in Section 11000, except those state agencies or activities described in Section 11340.9.



1 (b) “Regulation” has the same meaning as provided in Section  
2 11342.600.

3  
4 Article 3. State Agency Duties  
5

6 11366.2. On or before January 1, 2020, each state agency shall  
7 do all of the following:

8 (a) Review all provisions of the California Code of Regulations  
9 adopted by that state agency.

10 (b) Identify any regulations that are duplicative, overlapping,  
11 inconsistent, or out of date.

12 (c) Adopt, amend, or repeal regulations to reconcile or eliminate  
13 any duplication, overlap, inconsistencies, or out-of-date provisions,  
14 and shall comply with the process specified in Article 5  
15 (commencing with Section 11346) of Chapter 3.5, unless the  
16 addition, revision, or deletion is without regulatory effect and may  
17 be done pursuant to Section 100 of Title 1 of the California Code  
18 of Regulations.

19 (d) Hold at least one noticed public hearing, which shall be  
20 noticed on the Internet Web site of the state agency, for the  
21 purposes of accepting public comment on proposed revisions to  
22 its regulations.

23 (e) Notify the appropriate policy and fiscal committees of each  
24 house of the Legislature of the revisions to regulations that the  
25 state agency proposes to make at least 30 days prior to initiating  
26 the process under Article 5 (commencing with Section 11346) of  
27 Chapter 3.5 or Section 100 of Title 1 of the California Code of  
28 Regulations.

29 (g) (1) Report to the Governor and the Legislature on the state  
30 agency’s compliance with this chapter, including the number and  
31 content of regulations the state agency identifies as duplicative,  
32 overlapping, inconsistent, or out of date, and the state agency’s  
33 actions to address those regulations.

34 (2) The report shall be submitted in compliance with Section  
35 9795 of the Government Code.

36 11366.3. (a) On or before January 1, 2020, each agency listed  
37 in Section 12800 shall notify a department, board, or other unit  
38 within that agency of any existing regulations adopted by that  
39 department, board, or other unit that the agency has determined  
40 may be duplicative, overlapping, or inconsistent with a regulation

1 adopted by another department, board, or other unit within that  
2 agency.

3 (b) A department, board, or other unit within an agency shall  
4 notify that agency of revisions to regulations that it proposes to  
5 make at least 90 days prior to a noticed public hearing pursuant to  
6 subdivision (d) of Section 11366.2 and at least 90 days prior to  
7 adoption, amendment, or repeal of the regulations pursuant to  
8 subdivision (c) of Section 11366.2. The agency shall review the  
9 proposed regulations and make recommendations to the  
10 department, board, or other unit within 30 days of receiving the  
11 notification regarding any duplicative, overlapping, or inconsistent  
12 regulation of another department, board, or other unit within the  
13 agency.

14 11366.4. An agency listed in Section 12800 shall notify a state  
15 agency of any existing regulations adopted by that agency that  
16 may duplicate, overlap, or be inconsistent with the state agency's  
17 regulations.

18 11366.45. This chapter shall not be construed to weaken or  
19 undermine in any manner any human health, public or worker  
20 rights, public welfare, environmental, or other protection  
21 established under statute. This chapter shall not be construed to  
22 affect the authority or requirement for an agency to adopt  
23 regulations as provided by statute. Rather, it is the intent of the  
24 Legislature to ensure that state agencies focus more efficiently and  
25 directly on their duties as prescribed by law so as to use scarce  
26 public dollars more efficiently to implement the law, while  
27 achieving equal or improved economic and public benefits.

#### 28 29 Article 4. Chapter Repeal 30

31 11366.5. This chapter shall remain in effect only until January  
32 1, 2021, and as of that date is repealed, unless a later enacted  
33 statute, that is enacted before January 1, 2021, deletes or extends  
34 that date.

1  
2 REVISIONS:  
3 Heading—Line 2.  
4

\_\_\_\_\_

\_\_\_\_\_

O

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
FEBRUARY 8 - FEBRUARY 9, 2018 BOARD MEETING**

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**BILL NUMBER:** Assembly Bill 224

**AUTHOR:** Thurmond

**SPONSOR:** American Academy  
of Pediatrics,  
California

**VERSION:** Amended 05/30/2017

**INTRODUCED:** 01/26/2017

**BILL STATUS:** 07/10/2017 – In Senate Com.  
On B., P. & E.D: Set, first  
hearing. Testimony taken.  
Further hearing to be set.

**BILL LOCATION:** Senate

**SUBJECT:** Dentistry: anesthesia and  
sedation.

**RELATED  
BILLS:** SB 392,  
SB 501

**SUMMARY**

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California, which is within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill, on or before January 1, 2019, would require the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

This bill, on and after January 1, 2019, would redefine general anesthesia for these purposes. The bill would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists to have a pediatric endorsement of their general anesthesia

permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 13 years of age. The bill also would require dentists to have completed at least 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present, except as specified, and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require an operating dentist, an assistant, and a dedicated monitor, as defined, to be present during procedures on children under 7 years of age, and would require the dedicated monitor to have certain advanced life support and airway management training, as specified. The bill would make these provisions operative on January 1, 2019.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term “conscious sedation” with “moderate sedation” and, on and after January 1, 2020, would define “moderate sedation” as a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. The bill would prohibit a dentist from administering or ordering the administration of moderate sedation on an outpatient basis to a dental patient unless the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation for patients 13 years of age or older is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would require a dentist, prior to performing any procedure involving moderate sedation of a patient under 13 years of age, to obtain a pediatric endorsement, requiring a specified number of didactic instruction and clinical cases as well as advanced life support and airway management training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist present at all times during the procedure, with one staff person member serving as a dedicated patient monitor. The bill would make these provisions operative on January 1, 2020.

This bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer

or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist's permit or other forms of reprimand. The bill would make these provisions operative on January 1, 2020.

By placing new requirements on dentists and other practitioners, this bill would expand the scope of an existing crime for violations of the Dental Practice Act, and would, therefore, impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

### **ANALYSIS**

AB 224 has been withdrawn by the Author at the Senate Business, Professions and Economic Development.

### **REGISTERED SUPPORT/OPPOSITION**

#### **Support**

American Academy of Pediatrics, California (Sponsor)  
California Society of Dentist Anesthesiologists  
Happy Bear Surgery Center  
Pediatric Dental Initiative Surgery Center  
Several Individuals

#### **Oppose**

California Dental Association  
California Association of Oral and Maxillofacial Surgeons

### **STAFF RECOMMENDATION**

Watch.

### **BOARD POSITION:**

**SUPPORT:**\_\_\_\_\_ **OPPOSE:**\_\_\_\_\_ **NEUTRAL:**\_\_\_\_\_ **WATCH:**\_\_\_\_\_

AMENDED IN ASSEMBLY MAY 30, 2017

AMENDED IN ASSEMBLY MAY 17, 2017

AMENDED IN ASSEMBLY MAY 2, 2017

AMENDED IN ASSEMBLY APRIL 20, 2017

AMENDED IN ASSEMBLY MARCH 27, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 224**

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**Introduced by Assembly Member Thurmond**

January 26, 2017

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An act to amend Sections 1646, 1646.1, 1646.2, 1646.3, 1646.4, 1646.5, 1646.8, 1646.9, 1647, 1647.1, 1647.2, 1647.3, 1647.5, 1647.6, 1647.7, 1647.11, 1647.12, 1647.19, 1682, 1724, and 1750.5 of, to amend the heading of Article 2.7 (commencing with Section 1646) and Article 2.8 (commencing with Section 1647) of Chapter 4 of Division 2 of, to add Section 1616.1 to, and to add Article 2.87 (commencing with Section 1647.30) to Chapter 4 of Division 2 of, the Business and Professions Code, relating to dentistry.

### **LEGISLATIVE COUNSEL’S DIGEST**

AB 224, as amended, Thurmond. Dentistry: anesthesia and sedation.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California, which is within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent

prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

*This bill, on or before January 1, 2019, would require the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.*

~~This bill~~ *bill, on and after January 1, 2019, would redefine general anesthesia for these purposes and additionally purposes. The bill would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.*

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 13 years of age. The bill also would require dentists to have completed at least ~~52~~ 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present, except as specified, and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require an operating dentist, an assistant, and a dedicated monitor, as defined, to be present during procedures on children under 7 years of age, and would require the dedicated monitor to have certain advanced life support and airway management training, as specified. *The bill would make these provisions operative on January 1, 2019.*

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.



This bill would replace the term “conscious sedation” with “moderate sedation,” ~~meaning sedation~~ *and, on and after January 1, 2020, would define “moderate sedation” as a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria.* The bill would prohibit a dentist from administering or ordering the administration of moderate sedation on an outpatient basis to a dental patient unless the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation for patients 13 years of age or older is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would require a dentist, prior to performing any procedure involving moderate sedation of a patient under 13 years of age, to obtain a pediatric endorsement, requiring a specified number of didactic instruction and clinical cases as well as advanced life support and airway management training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist present at all times during the procedure, with one staff person member serving as a dedicated patient monitor. *The bill would make these provisions operative on January 1, 2020.*

~~The~~

*This* bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist’s permit or other forms of reprimand. ~~Additionally, by expanding~~ *The bill would make these provisions operative on January 1, 2020.*

*By placing new requirements on dentists and other practitioners, this bill would expand the scope of an existing crime for violations of the Dental Practice Act, the bill would and would, therefore, impose a state-mandated local program. This bill also would authorize the board to contract with a nonprofit research organization for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.*

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1616.1 is added to the Business and  
2 Professions Code, to read:

3 1616.1. On or before January 1, 2019, the board shall contract  
4 with a nonprofit research organization for the purpose of obtaining  
5 high-quality data about outcomes and complications related to  
6 pediatric dental sedation and anesthesia. It is the intent of this  
7 section that the collection of data shall lead to further quality  
8 improvement and safety.

9 SEC. 2. The heading of Article 2.7 (commencing with Section  
10 1646) of Chapter 4 of Division 2 of the Business and Professions  
11 Code is amended to read:

12  
13 Article 2.7. Use of Deep Sedation and General Anesthesia  
14

15 SEC. 3. Section 1646 of the Business and Professions Code is  
16 amended to read:

17 1646. As used in this article, the following definitions shall  
18 apply:

19 (a) "Deep sedation" means a drug-induced depression of  
20 consciousness during which patients cannot be easily aroused but  
21 respond purposefully following repeated or painful stimulation.  
22 The ability to independently maintain ventilatory function may be  
23 impaired. Patients may require assistance in maintaining a patent

1 airway, and spontaneous ventilation may be inadequate.  
2 Cardiovascular function is usually maintained.

3 (b) (1) (A) “General anesthesia” ~~means as used in this article,~~  
4 *means a controlled state of depressed consciousness or*  
5 *unconsciousness, accompanied by partial or complete loss of*  
6 *protective reflexes, produced by a pharmacologic or*  
7 *nonpharmacologic method, or a combination thereof.*

8 (B) *This paragraph shall become inoperative on January 1,*  
9 *2019.*

10 (2) *On and after January 1, 2019, “general anesthesia” means*  
11 *a drug-induced loss of consciousness during which patients are*  
12 *not arousable, even by painful stimulation. The ability to*  
13 *independently maintain ventilatory function is often impaired.*  
14 *Patients often require assistance in maintaining a patent airway,*  
15 *and positive pressure ventilation may be required because of*  
16 *depressed spontaneous ventilation or drug-induced depression of*  
17 *neuromuscular function. Cardiovascular function may be impaired.*

18 SEC. 4. Section 1646.1 of the Business and Professions Code  
19 is amended to read:

20 1646.1. (a) A dentist shall not administer or order the  
21 administration of deep sedation or general anesthesia on an  
22 outpatient basis for dental patients unless the dentist either  
23 possesses a current license in good standing to practice dentistry  
24 in this state and holds a valid general anesthesia permit issued by  
25 the board or possesses a current permit under Section 1638 or 1640  
26 and holds a valid general anesthesia permit issued by the board.

27 (b) ~~A—~~*On and after January 1, 2019, a* dentist shall not  
28 administer or order the administration of deep sedation or general  
29 anesthesia to patients under 13 years of age unless that dentist  
30 holds a pediatric endorsement for the general anesthesia permit,  
31 as required by the board, allowing the administration of deep  
32 sedation or general anesthesia for patients 12 years of age or  
33 younger.

34 (c) A dentist shall not order the administration of general  
35 anesthesia unless the dentist is physically within the dental office  
36 at the time of the administration.

37 (d) A general anesthesia permit shall expire on the date provided  
38 in Section 1715 that next occurs after its issuance, unless it is  
39 renewed as provided in this article.

1 (e) ~~The~~ *On and after January 1, 2019, a* dentist shall have  
2 completed a Commission on Dental Accreditation (CODA)  
3 accredited or equivalent residency training program that provides  
4 competency in the administration of deep sedation and general  
5 anesthesia in order to be eligible to perform deep sedation or  
6 general anesthesia on children under 13 years of age. ~~For~~ *On and*  
7 *after January 1, 2019, for* patients under seven years of age, the  
8 applicant shall provide proof of completion of at least ~~52~~ 20 cases  
9 to establish competency, both at the time of initial application and  
10 at renewal.

11 (f) This article does not apply to the administration of local  
12 anesthesia, minimal sedation, or moderate sedation.

13 SEC. 5. Section 1646.2 of the Business and Professions Code  
14 is amended to read:

15 1646.2. (a) A dentist who desires to administer or order the  
16 administration of ~~deep sedation or general anesthesia~~ *anesthesia,*  
17 *or, on and after January 1, 2019, to administer or order the*  
18 *administration of deep sedation or general anesthesia,* shall apply  
19 to the board on an application form prescribed by the board. The  
20 dentist ~~must~~ *shall* submit an application fee and produce evidence  
21 showing that he or she has successfully completed a minimum of  
22 one year of advanced training in anesthesiology and related  
23 academic subjects approved by the board, or equivalent training  
24 or experience approved by the board, beyond the undergraduate  
25 school level.

26 (b) The application for a permit shall include documentation  
27 that equipment and drugs required by the board are on the premises.

28 SEC. 6. Section 1646.3 of the Business and Professions Code  
29 is amended to read:

30 1646.3. (a) ~~A physical evaluation and medical history shall~~  
31 ~~be taken before the administration of deep sedation or general~~  
32 ~~anesthesia. Any~~ (1) Any dentist holding a permit shall maintain  
33 medical history, physical evaluation, and ~~deep sedation and general~~  
34 anesthesia records as required by board regulations.

35 (2) *On and after January 1, 2019, a physical evaluation and*  
36 *medical history shall be taken before the administration of deep*  
37 *sedation or general anesthesia. On and after January 1, 2019, any*  
38 *dentist holding a permit shall, in addition to the requirements in*  
39 *paragraph (1), maintain deep sedation records as required by*  
40 *board regulations.*

(b) ~~For~~ *On and after January 1, 2019, for* patients 7 to 13 years of age, inclusive, the dentist and at least two support staff shall be present, unless there is a dedicated general anesthesia provider present. ~~The~~ *On and after January 1, 2019, the* dentist and at least one support staff member shall be trained in Pediatric Advanced Life Support (PALS) and airway management, equivalent to the American Academy of Pediatrics and American Academy of Pediatric Dentistry (AAP-AAPD) Guidelines or as determined by the board. ~~That~~ *On and after January 1, 2019, that* staff member shall be dedicated to monitoring the patient throughout the procedure.

(c) ~~For~~ *On and after January 1, 2019, for* children under seven years of age, there shall be present during the procedure all of the following:

(1) An operating dentist.

(2) An assistant.

(3) A dedicated monitor. For purposes of this paragraph, “dedicated monitor” means a person licensed under Division 2 of this code whose license authorizes the person to monitor the patient’s airway through recovery. The dedicated monitor shall be trained in PALS and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the board.

SEC. 7. Section 1646.4 of the Business and Professions Code is amended to read:

1646.4. (a) *(1)* Prior to the issuance or renewal of a permit for the use of ~~deep sedation or~~ general anesthesia, the board may, at its discretion, require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee. *This subdivision shall not be construed to require, as a condition of issuance or renewal of a permit, an onsite inspection and evaluation by the board.* The permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the dentist of the failure, unless within that time period the dentist has retaken and passed an onsite inspection and evaluation. Every dentist issued a permit under this article shall have an onsite inspection and evaluation at least once every five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

(2) *On and after January 1, 2019, paragraph (1) shall also apply to the issuance or renewal of a permit for the use of deep sedation.*

(b) The board may contract with public or private organizations or individuals expert in dental outpatient general anesthesia to perform onsite inspections and evaluations. The board may not, however, delegate its authority to issue permits or to determine the persons or facilities to be inspected.

SEC. 8. Section 1646.5 of the Business and Professions Code is amended to read:

1646.5. (a) (1) A permittee shall be required to complete 24 hours of approved courses of study related to ~~deep sedation or~~ general anesthesia as a condition of renewal of a permit. Those courses of study shall be credited toward any continuing education required by the board pursuant to Section 1645.

(2) *This subdivision shall become inoperative on January 1, 2019.*

(b) *On and after January 1, 2019, a permittee shall be required to complete 24 hours of approved courses of study related to deep sedation or general anesthesia as a condition of renewal of a permit. On and after January 1, 2019, those courses of study shall be credited toward any continuing education required by the board pursuant to Section 1645.*

SEC. 9. Section 1646.8 of the Business and Professions Code is amended to read:

1646.8. Nothing in this chapter shall be construed to authorize a dentist to administer or directly supervise the administration of general anesthesia or deep sedation for reasons other than dental treatment, as defined in Section 1625.

SEC. 10. Section 1646.9 of the Business and Professions Code is amended to read:

1646.9. (a) (1) Notwithstanding any other law, including, but not limited to, Section 1646.1, a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) may administer ~~deep sedation or~~ general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if both of the following conditions are met:

(+)

1 (A) The physician and surgeon possesses a current license in  
2 good standing to practice medicine in this state.

3 ~~(2)~~

4 (B) The physician and surgeon holds a valid general anesthesia  
5 permit issued by the Dental Board of California pursuant to  
6 subdivision (b).

7 *(2) This subdivision shall become inoperative on January 1,*  
8 *2019.*

9 (b) (1) A physician and surgeon who desires to administer ~~deep~~  
10 ~~sedation or~~ general anesthesia as set forth in subdivision (a) shall  
11 apply to the Dental Board of California on an application form  
12 prescribed by the board and shall submit all of the following:

13 (A) The payment of an application fee prescribed by this article.

14 (B) Evidence satisfactory to the Medical Board of California  
15 showing that the applicant has successfully completed a  
16 postgraduate residency training program in anesthesiology that is  
17 recognized by the American Council on Graduate Medical  
18 Education, as set forth in Section 2079.

19 (C) Documentation demonstrating that all equipment and drugs  
20 required by the Dental Board of California are possessed by the  
21 applicant and shall be available for use in any dental office in  
22 which he or she administers ~~deep sedation or~~ general anesthesia.

23 (D) Information relative to the current membership of the  
24 applicant on hospital medical staffs.

25 (2) Prior to issuance or renewal of a permit pursuant to this  
26 section, the Dental Board of California may, at its discretion,  
27 require an onsite inspection and evaluation of the facility,  
28 equipment, personnel, including, but not limited to, the physician  
29 and surgeon, and procedures utilized. *This subdivision shall not*  
30 *be construed to require, as a condition of issuance or renewal of*  
31 *a permit, an onsite inspection and evaluation by the board.* At  
32 least one of the persons evaluating the procedures utilized by the  
33 physician and surgeon shall be a licensed physician and surgeon  
34 expert in outpatient ~~deep sedation or~~ general anesthesia who has  
35 been authorized or retained under contract by the Dental Board of  
36 California for this purpose.

37 (3) The permit of a physician and surgeon who has failed an  
38 onsite inspection and evaluation shall be automatically suspended  
39 30 days after the date on which the board notifies the physician  
40 and surgeon of the failure unless within that time period the

1 physician and surgeon has retaken and passed an onsite inspection  
2 and evaluation. Every physician and surgeon issued a permit under  
3 this article shall have an onsite inspection and evaluation at least  
4 once every six years. Refusal to submit to an inspection shall result  
5 in automatic denial or revocation of the permit.

6 *(4) This subdivision shall become inoperative on January 1,*  
7 *2019.*

8 *(c) On and after January 1, 2019, notwithstanding any other*  
9 *law, including, but not limited to, Section 1646.1, a physician and*  
10 *surgeon licensed pursuant to Chapter 5 (commencing with Section*  
11 *2000) may administer deep sedation or general anesthesia in the*  
12 *office of a licensed dentist for dental patients, without regard to*  
13 *whether the dentist possesses a permit issued pursuant to this*  
14 *article, if both of the following conditions are met:*

15 *(1) The physician and surgeon possesses a current license in*  
16 *good standing to practice medicine in this state.*

17 *(2) The physician and surgeon holds a valid general anesthesia*  
18 *permit issued by the Dental Board of California pursuant to*  
19 *subdivision (d).*

20 *(d) (1) On and after January 1, 2019, a physician and surgeon*  
21 *who desires to administer deep sedation or general anesthesia as*  
22 *set forth in subdivision (c) shall apply to the Dental Board of*  
23 *California on an application form prescribed by the board and*  
24 *shall submit all of the following:*

25 *(A) The payment of an application fee prescribed by this article.*

26 *(B) Evidence satisfactory to the Medical Board of California*  
27 *showing that the applicant has successfully completed a*  
28 *postgraduate residency training program in anesthesiology that*  
29 *is recognized by the American Council on Graduate Medical*  
30 *Education, as set forth in Section 2079.*

31 *(C) Documentation demonstrating that all equipment and drugs*  
32 *required by the Dental Board of California are possessed by the*  
33 *applicant and shall be available for use in any dental office in*  
34 *which he or she administers deep sedation or general anesthesia.*

35 *(D) Information relative to the current membership of the*  
36 *applicant on hospital medical staffs.*

37 *(2) On and after January 1, 2019, prior to issuance or renewal*  
38 *of a permit pursuant to this section, the Dental Board of California*  
39 *may, at its discretion, require an onsite inspection and evaluation*  
40 *of the facility, equipment, personnel, including, but not limited to,*



1 *the physician and surgeon, and procedures utilized. This*  
2 *subdivision shall not be construed to require, as a condition of*  
3 *issuance or renewal of a permit, an onsite inspection and*  
4 *evaluation by the board. On and after January 1, 2019, at least*  
5 *one of the persons evaluating the procedures utilized by the*  
6 *physician and surgeon shall be a licensed physician and surgeon*  
7 *expert in outpatient deep sedation or general anesthesia who has*  
8 *been authorized or retained under contract by the Dental Board*  
9 *of California for this purpose.*

10 (3) *On and after January 1, 2019, the permit of a physician and*  
11 *surgeon who has failed an onsite inspection and evaluation shall*  
12 *be automatically suspended 30 days after the date on which the*  
13 *board notifies the physician and surgeon of the failure unless*  
14 *within that time period the physician and surgeon has retaken and*  
15 *passed an onsite inspection and evaluation. On and after January*  
16 *1, 2019, every physician and surgeon issued a permit under this*  
17 *article shall have an onsite inspection and evaluation at least once*  
18 *every six years. Refusal to submit to an inspection shall result in*  
19 *automatic denial or revocation of the permit.*

20 SEC. 11. The heading of Article 2.8 (commencing with Section  
21 1647) of Chapter 4 of Division 2 of the Business and Professions  
22 Code is amended to read:

23  
24 Article 2.8. Use of Moderate Sedation  
25

26 SEC. 12. Section 1647 of the Business and Professions Code  
27 is amended to read:

28 1647. (a) The Legislature finds and declares that a  
29 commendable patient safety record has been maintained in the past  
30 by dentists and those other qualified providers of anesthesia  
31 services who, pursuant to a dentist's authorization, administer  
32 patient sedation, and that the increasing number of pharmaceuticals  
33 and techniques used to administer them for patient sedation require  
34 additional regulation to maintain patient safety in the future.

35 (b) The Legislature further finds and declares all of the  
36 following:

37 (1) That previous laws enacted in 1980 contained separate and  
38 distinct definitions for general anesthesia and the state of  
39 consciousness.

1 (2) That in dental practice, there is a continuum of sedation used  
2 which cannot be adequately defined in terms of consciousness and  
3 general anesthesia.

4 (3) That the administration of sedation through this continuum  
5 results in different states of consciousness that may or may not be  
6 predictable in every instance.

7 (4) That in most instances, the level of sedation will result in a  
8 predictable level of consciousness during the entire time of  
9 sedation.

10 (c) The Legislature further finds and declares that the  
11 educational standards presently required for deep sedation and  
12 general anesthesia should be required when the degree of sedation  
13 in the continuum of sedation is such that there is a reasonable  
14 possibility that loss of consciousness may result, even if  
15 unintended. However, achieving the degree of moderate sedation,  
16 previously referred to as “conscious sedation,” where a margin of  
17 safety exists wide enough to render unintended loss of  
18 consciousness unlikely, requires educational standards appropriate  
19 to the administration of the resulting predictable level of  
20 consciousness.

21 SEC. 13. Section 1647.1 of the Business and Professions Code  
22 is amended to read:

23 1647.1. (a) (1) (A) As used in this article, “moderate sedation”  
24 means a ~~drug-induced~~ *minimally depressed level of consciousness*  
25 *produced by a pharmacologic or nonpharmacologic method, or*  
26 *a combination thereof, that retains the patient’s ability to maintain*  
27 *independently and continuously an airway, and respond*  
28 *appropriately to physical stimulation or verbal command.*

29 (B) “Moderate sedation” does not include the administration  
30 of oral medications or the administration of a mixture of nitrous  
31 oxide and oxygen, whether administered alone or in combination  
32 with each other.

33 (C) This paragraph shall become inoperative on January 1,  
34 2020.

35 (2) On and after January 1, 2020, as used in this article,  
36 “moderate sedation” means a drug-induced depression of  
37 consciousness during which a patient responds purposefully to  
38 verbal commands, either alone or accompanied by light tactile  
39 stimulation, no interventions are required to maintain a patient’s

1 airway, spontaneous ventilation is adequate, and cardiovascular  
2 function is usually maintained.

3 (b) The drugs and techniques used in moderate sedation shall  
4 have a margin of safety wide enough to render unintended loss of  
5 consciousness unlikely. Further, patients whose only response is  
6 reflex withdrawal from painful stimuli shall not be considered to  
7 be in a state of moderate sedation.

8 (c) For the very young or patients with intellectual disabilities,  
9 incapable of the usually expected verbal response, a minimally  
10 depressed level of consciousness for that individual should be  
11 maintained.

12 SEC. 14. Section 1647.2 of the Business and Professions Code  
13 is amended to read:

14 1647.2. (a) A dentist shall not administer or order the  
15 administration of moderate sedation on an outpatient basis for a  
16 dental patient unless one of the following conditions is met:

17 (1) The dentist possesses a current license in good standing to  
18 practice dentistry in California and either holds a valid general  
19 anesthesia permit or obtains a permit issued by the board  
20 authorizing the dentist to administer moderate sedation.

21 (2) The dentist possesses a current permit under Section 1638  
22 or 1640 and either holds a valid general anesthesia permit or  
23 obtains a permit issued by the board authorizing the dentist to  
24 administer moderate sedation.

25 (b) A moderate sedation permit shall expire on the date specified  
26 in Section 1715 that next occurs after its issuance, unless it is  
27 renewed as provided in this article.

28 (c) A dentist who orders the administration of moderate sedation  
29 shall be physically present in the treatment facility while the patient  
30 is sedated.

31 (d) This article shall not apply to the administration of local  
32 anesthesia, minimal sedation, deep sedation, or general anesthesia.

33 SEC. 15. Section 1647.3 of the Business and Professions Code  
34 is amended to read:

35 1647.3. (a) A dentist who desires to administer or to order the  
36 administration of moderate sedation shall apply to the board on  
37 an application form prescribed by the board. The dentist shall  
38 submit an application fee and produce evidence showing that he  
39 or she has successfully completed training in moderate sedation

1 that meets the requirements of subdivision ~~(e)~~. (c) or (d), as  
2 applicable.

3 (b) The application for a permit shall include documentation  
4 that equipment and drugs required by the board are on the premises.

5 (c) (1) Training in the administration of moderate sedation for  
6 patients 13 years of age or older shall be acceptable if it meets all  
7 of the following as approved by the board:

8 ~~(1)~~

9 (A) Consists of at least 60 hours of instruction.

10 ~~(2)~~

11 (B) Requires satisfactory completion of at least 20 cases of  
12 administration of moderate sedation for a variety of dental  
13 procedures.

14 ~~(3)~~

15 (C) Complies with the requirements of the Guidelines for  
16 Teaching Pain Control and Sedation to Dentists and Dental  
17 Students of the American Dental Association, including, but not  
18 limited to, certification of competence in rescuing patients from a  
19 deeper level of sedation than intended, and managing the airway,  
20 intravascular or intraosseous access, and reversal medications; the  
21 Comprehensive Control of Anxiety and Pain in Dentistry of the  
22 American Dental Association.

23 (2) This subdivision shall become inoperative on January 1,  
24 2020.

25 (d) On and after January 1, 2020, training in the administration  
26 of moderate sedation for patients 13 years of age or older shall  
27 be acceptable if it meets all of the following as approved by the  
28 board:

29 (1) Consists of at least 60 hours of instruction.

30 (2) Requires satisfactory completion of at least 20 cases of  
31 administration of moderate sedation for a variety of dental  
32 procedures.

33 (3) Complies with the requirements of the Guidelines for  
34 Teaching Pain Control and Sedation to Dentists and Dental  
35 Students of the American Dental Association, including, but not  
36 limited to, certification of competence in rescuing patients from a  
37 deeper level of sedation than intended, and managing the airway,  
38 intravascular or intraosseous access, and reversal medications.

39 ~~(d) Before~~

1 (e) *On and after January 1, 2020, before performing any*  
2 *procedure involving moderate sedation of a patient under 13 years*  
3 *of age, the dentist shall obtain a pediatric endorsement of his or*  
4 *her moderate sedation permit.* ~~To~~ *On and after January 1, 2020,*  
5 *to be eligible for the pediatric moderate sedation permit, the dentist*  
6 *shall have completed any of the following:*

7 (1) A moderate sedation course consisting of at least 60 hours  
8 of didactic instruction and at least 20 clinical cases, as described  
9 in subdivision ~~(e)~~, (d), but that is directed at treating pediatric  
10 patients under 13 years of age.

11 (2) A moderate sedation course, as described in subdivision ~~(e)~~,  
12 (d), that is directed at treating patients 13 years of age or older, in  
13 addition to at least 24 hours of didactic instruction in pediatric  
14 moderate sedation and at least 10 clinical cases in pediatric  
15 moderate sedation.

16 (3) A moderate sedation course that is directed at treating  
17 patients 13 years of age or older, as described in subdivision ~~(e)~~,  
18 (d), in addition to completion of an accredited pediatric dental  
19 residency program. The pediatric moderate sedation permit holder  
20 shall provide proof of completion of at least ~~52~~ 20 cases to establish  
21 competency, both at the time of the initial application and at  
22 renewal.

23 ~~(e) The~~

24 (f) *On and after January 1, 2020, the dentist and at least one*  
25 *member of the support staff shall be trained in Pediatric Advanced*  
26 *Life Support (PALS) and airway management, equivalent to the*  
27 *American Academy of Pediatrics and the American Academy of*  
28 *Pediatric Dentistry (AAP-AAPD) Guidelines, or as determined by*  
29 *the board.*

30 ~~(f) For~~

31 (g) *On and after January 1, 2020, for a child under seven years*  
32 *of age, there shall be at least two support staff persons, in addition*  
33 *to the practicing dentist, present at all times during the procedure.*  
34 ~~One~~ *On and after January 1, 2020, one staff member shall serve*  
35 *as a dedicated patient monitor.*

36 SEC. 16. Section 1647.5 of the Business and Professions Code  
37 is amended to read:

38 1647.5. A permittee shall be required to complete 15 hours of  
39 approved courses of study related to moderate sedation as a  
40 condition of renewal of a permit. Those courses of study shall be

1 credited toward any continuing education required by the board  
2 pursuant to Section 1645.

3 SEC. 17. Section 1647.6 of the Business and Professions Code  
4 is amended to read:

5 1647.6. A physical evaluation and medical history shall be  
6 taken before the administration of moderate sedation. Any dentist  
7 holding a permit shall maintain records of the physical evaluation,  
8 medical history, and moderate sedation procedures used as required  
9 by board regulations.

10 SEC. 18. Section 1647.7 of the Business and Professions Code  
11 is amended to read:

12 1647.7. (a) Prior to the issuance or renewal of a permit to  
13 administer moderate sedation, the board may, at its discretion,  
14 require an onsite inspection and evaluation of the licensee and  
15 the facility, equipment, personnel, and procedures utilized by the  
16 licensee. *This subdivision shall not be construed to require, as a*  
17 *condition of issuance or renewal of a permit, an onsite inspection*  
18 *and evaluation by the board.* The permit of any dentist who has  
19 failed an onsite inspection and evaluation shall be automatically  
20 suspended 30 days after the date on which the board notifies the  
21 dentist of the failure unless, within that time period, the dentist  
22 has retaken and passed an onsite inspection and evaluation. Every  
23 dentist issued a permit under this article shall have an onsite  
24 inspection and evaluation at least once in every six years. Refusal  
25 to submit to an inspection shall result in automatic denial or  
26 revocation of the permit.

27 (b) An applicant who has successfully completed the course  
28 required by Section 1647.3 may be granted a one-year temporary  
29 permit by the board prior to the onsite inspection and evaluation.  
30 Failure to pass the inspection and evaluation shall result in the  
31 immediate and automatic termination of the temporary permit.

32 (c) The board may contract with public or private organizations  
33 or individuals expert in dental outpatient moderate sedation to  
34 perform onsite inspections and evaluations. The board may not,  
35 however, delegate its authority to issue permits or to determine  
36 the persons or facilities to be inspected.

37 SEC. 19. Section 1647.11 of the Business and Professions  
38 Code is amended to read:

39 1647.11. (a) Notwithstanding subdivision (a) of Section  
40 1647.2, a dentist may not administer oral conscious sedation on

1 an outpatient basis to a minor patient unless one of the following  
2 conditions is met:

3 (1) The dentist possesses a current license in good standing to  
4 practice dentistry in California and either holds a valid general  
5 anesthesia permit, moderate sedation permit, or has been certified  
6 by the board, pursuant to Section 1647.12, to administer oral  
7 sedation to minor patients.

8 (2) The dentist possesses a current permit issued under Section  
9 1638 or 1640 and either holds a valid general anesthesia permit,  
10 moderate sedation permit, or possesses a certificate as a provider  
11 of oral conscious sedation to minor patients in compliance with,  
12 and pursuant to, this article.

13 (b) Certification as a provider of oral conscious sedation to  
14 minor patients expires at the same time the license or permit of  
15 the dentist expires unless renewed at the same time the dentist's  
16 license or permit is renewed after its issuance, unless certification  
17 is renewed as provided in this article.

18 (c) This article shall not apply to the administration of local  
19 anesthesia or a mixture of nitrous oxide and oxygen or to the  
20 administration, dispensing, or prescription of postoperative  
21 medications.

22 SEC. 20. Section 1647.12 of the Business and Professions  
23 Code is amended to read:

24 1647.12. A dentist who desires to administer, or order the  
25 administration of, oral conscious sedation for minor patients, who  
26 does not hold a general anesthesia permit, as provided in Sections  
27 1646.1 and 1646.2, or a moderate sedation permit, as provided in  
28 Sections 1647.2 and 1647.3, shall register his or her name with  
29 the board on a board-prescribed registration form. The dentist shall  
30 submit the registration fee and evidence showing that he or she  
31 satisfies any of the following requirements:

32 (a) Satisfactory completion of a postgraduate program in oral  
33 and maxillofacial surgery or pediatric dentistry approved by either  
34 the Commission on Dental Accreditation or a comparable  
35 organization approved by the board.

36 (b) Satisfactory completion of a periodontics or general practice  
37 residency or other advanced education in a general dentistry  
38 program approved by the board.

39 (c) Satisfactory completion of a board-approved educational  
40 program on oral medications and sedation.

SEC. 21. Section 1647.19 of the Business and Professions Code is amended to read:

1647.19. (a) Notwithstanding subdivision (a) of Section 1647.2, a dentist may not administer oral conscious sedation on an outpatient basis to an adult patient unless the dentist possesses a current license in good standing to practice dentistry in California, and one of the following conditions is met:

(1) The dentist holds a valid general anesthesia permit, holds a moderate sedation permit, has been certified by the board, pursuant to Section 1647.20, to administer oral sedation to adult patients, or has been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, or moderate sedation permit, or possesses a certificate as a provider of oral conscious sedation to adult patients in compliance with, and pursuant to, this article.

(b) Certification as a provider of oral conscious sedation to adult patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance, unless certification is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen, or to the administration, dispensing, or prescription of postoperative medications.

SEC. 22. Article 2.87 (commencing with Section 1647.30) is added to Chapter 4 of Division 2 of the Business and Professions Code, to read:

#### Article 2.87. Use of Pediatric Minimal Sedation

1647.30. (a) As used in this article, "minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Cognitive function and physical coordination may be impaired, but airway reflexes, ventilatory functions, and cardiovascular functions are unaffected.

(b) The drugs and techniques used in minimal sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is



1 reflex withdrawal from painful stimuli shall not be considered to  
2 be in a state of minimal sedation.

3 (c) For the very young or developmentally delayed individual,  
4 incapable of the usually expected verbal response, a minimally  
5 depressed level of consciousness should be maintained.

6 1647.31. (a) A dentist shall not administer or order the  
7 administration of minimal sedation on an outpatient basis for  
8 pediatric dental patients, defined as under 13 years of age, unless  
9 one of the following conditions is met:

10 (1) The dentist possesses a current license in good standing to  
11 practice dentistry in California and either holds a valid pediatric  
12 minimal sedation permit or obtains a permit issued by the board  
13 authorizing the dentist to administer minimal sedation.

14 (2) The dentist possesses a current permit under Section 1638  
15 or 1640 and either holds a valid anesthesia permit or obtains a  
16 permit issued by the board authorizing the dentist to administer  
17 moderate sedation, deep sedation, or general anesthesia.

18 (b) A dentist who orders the administration of minimal sedation  
19 shall be physically present in the treatment facility while the patient  
20 is sedated.

21 (c) This article does not apply to the administration of local  
22 anesthesia, moderate sedation, deep sedation, or general anesthesia.

23 1647.32. (a) A dentist who desires to administer or order the  
24 administration of pediatric minimal sedation shall apply to the  
25 board on an application form prescribed by the board. The dentist  
26 shall submit an application fee and produce evidence showing that  
27 he or she has successfully completed training in minimal sedation  
28 that meets the requirements of subdivision (c).

29 (b) The application for a permit shall include documentation  
30 that equipment and drugs required by the board are on the premises.

31 (c) Training in the administration of minimal sedation shall be  
32 acceptable if it meets both of the following as approved by the  
33 board:

34 (1) Consists of at least 24 hours of pediatric sedation instruction  
35 in addition to one clinical case. The pediatric sedation instruction  
36 shall include training in airway management and patient rescue  
37 from moderate sedation.

38 (2) Includes completion of an accredited residency in pediatric  
39 dentistry.

1 (d) A dentist is limited to administering a single dose of a single  
2 drug via the oral route, plus a mix of nitrous oxide and oxygen  
3 that is unlikely to produce a state of unintended moderate sedation.

4 (e) A minimum of one staff member, in addition to the dentist,  
5 trained in the monitoring and resuscitation of pediatric patients  
6 shall be present.

7 1647.33. (a) The application fee for a pediatric minimal  
8 sedation permit or renewal under this article shall not exceed the  
9 amount prescribed in Section 1724.

10 (b) It is the intent of the Legislature that the board hire sufficient  
11 staff to administer the program and that the fees established  
12 pursuant to this section be equivalent to administration and  
13 enforcement costs incurred by the board in carrying out this article.

14 1647.34. A violation of any provision of this article constitutes  
15 unprofessional conduct and is grounds for the revocation or  
16 suspension of the dentist's permit or license, or both, or the dentist  
17 may be reprimanded or placed on probation. The proceedings  
18 under this section shall be conducted in accordance with Chapter  
19 5 (commencing with Section 11500) of Part 1 of Division 3 of  
20 Title 2 of the Government Code, and the board shall have all the  
21 powers granted therein.

22 1647.35. *This article shall become operative on January 1,*  
23 *2020.*

24 SEC. 23. Section 1682 of the Business and Professions Code  
25 is amended to read:

26 1682. In addition to other acts constituting unprofessional  
27 conduct under this chapter, it is unprofessional conduct for:

28 (a) Any dentist performing dental procedures to have more than  
29 one patient undergoing moderate sedation or general anesthesia  
30 on an outpatient basis at any given time unless each patient is being  
31 continuously monitored on a one-to-one ratio while sedated by  
32 either the dentist or another licensed health professional authorized  
33 by law to administer moderate sedation or general anesthesia.

34 (b) Any dentist with patients recovering from moderate sedation  
35 or general anesthesia to fail to have the patients closely monitored  
36 by licensed health professionals experienced in the care and  
37 resuscitation of patients recovering from moderate sedation or  
38 general anesthesia. If one licensed professional is responsible for  
39 the recovery care of more than one patient at a time, all of the  
40 patients shall be physically in the same room to allow continuous

1 visual contact with all patients and the patient to recovery staff  
2 ratio should not exceed three to one.

3 (c) Any dentist with patients who are undergoing moderate  
4 sedation to fail to have these patients continuously monitored  
5 during the dental procedure with a pulse oximeter or similar or  
6 superior monitoring equipment required by the board.

7 (d) Any dentist with patients who are undergoing moderate  
8 sedation to have dental office personnel directly involved with the  
9 care of those patients who are not certified in basic cardiac life  
10 support (CPR) and recertified biennially.

11 (e) (1) Any dentist to fail to obtain the written informed consent  
12 of a patient prior to administering general anesthesia or moderate  
13 sedation. In the case of a minor, the consent shall be obtained from  
14 the child's parent or guardian.

15 (2) The written informed consent, in the case of a minor, shall  
16 include, but not be limited to, the following information:

17 "The administration and monitoring of general anesthesia may  
18 vary depending on the type of procedure, the type of practitioner,  
19 the age and health of the patient, and the setting in which anesthesia  
20 is provided. Risks may vary with each specific situation. You are  
21 encouraged to explore all the options available for your child's  
22 anesthesia for his or her dental treatment, and consult with your  
23 dentist or pediatrician as needed."

24 (3) Nothing in this subdivision shall be construed to establish  
25 the reasonable standard of care for administering or monitoring  
26 oral conscious sedation, moderate sedation, or general anesthesia.

27 SEC. 24. Section 1724 of the Business and Professions Code  
28 is amended to read:

29 1724. The amount of charges and fees for dentists licensed  
30 pursuant to this chapter shall be established by the board as is  
31 necessary for the purpose of carrying out the responsibilities  
32 required by this chapter as it relates to dentists, subject to the  
33 following limitations:

34 (a) The fee for an application for licensure qualifying pursuant  
35 to paragraph (1) of subdivision (c) of Section 1632 shall not exceed  
36 one thousand five hundred dollars (\$1,500). The fee for an  
37 application for licensure qualifying pursuant to paragraph (2) of  
38 subdivision (c) of Section 1632 shall not exceed one thousand  
39 dollars (\$1,000).

1 (b) The fee for an application for licensure qualifying pursuant  
2 to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

3 (c) The fee for an application for licensure qualifying pursuant  
4 to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

5 (d) The fee for an initial license and for the renewal of a license  
6 is five hundred twenty-five dollars (\$525). On and after January  
7 1, 2016, the fee for an initial license shall not exceed six hundred  
8 fifty dollars (\$650), and the fee for the renewal of a license shall  
9 not exceed six hundred fifty dollars (\$650). On and after January  
10 1, 2018, the fee for an initial license shall not exceed eight hundred  
11 dollars (\$800), and the fee for the renewal of a license shall not  
12 exceed eight hundred dollars (\$800).

13 (e) The fee for an application for a special permit shall not  
14 exceed one thousand dollars (\$1,000), and the renewal fee for a  
15 special permit shall not exceed six hundred dollars (\$600).

16 (f) The delinquency fee shall be 50 percent of the renewal fee  
17 for such a license or permit in effect on the date of the renewal of  
18 the license or permit.

19 (g) The penalty for late registration of change of place of  
20 practice shall not exceed seventy-five dollars (\$75).

21 (h) The fee for an application for an additional office permit  
22 shall not exceed seven hundred fifty dollars (\$750), and the fee  
23 for the renewal of an additional office permit shall not exceed three  
24 hundred seventy-five dollars (\$375).

25 (i) The fee for issuance of a replacement pocket license,  
26 replacement wall certificate, or replacement engraved certificate  
27 shall not exceed one hundred twenty-five dollars (\$125).

28 (j) The fee for a provider of continuing education shall not  
29 exceed five hundred dollars (\$500) per year.

30 (k) The fee for application for a referral service permit and for  
31 renewal of that permit shall not exceed twenty-five dollars (\$25).

32 (l) The fee for application for an extramural facility permit and  
33 for the renewal of a permit shall not exceed twenty-five dollars  
34 (\$25).

35 (m) The fee for an application for an elective facial cosmetic  
36 surgery permit shall not exceed four thousand dollars (\$4,000),  
37 and the fee for the renewal of an elective facial cosmetic surgery  
38 permit shall not exceed eight hundred dollars (\$800).

39 (n) The fee for an application for an oral and maxillofacial  
40 surgery permit shall not exceed one thousand dollars (\$1,000), and

1 the fee for the renewal of an oral and maxillofacial surgery permit  
2 shall not exceed one thousand two hundred dollars (\$1,200).

3 (o) The fee for an application for a general anesthesia permit  
4 shall not exceed one thousand dollars (\$1,000), and the fee for the  
5 renewal of a general anesthesia permit shall not exceed six hundred  
6 dollars (\$600).

7 (p) The fee for an onsite inspection and evaluation related to a  
8 general anesthesia or conscious sedation permit shall not exceed  
9 four thousand five hundred dollars (\$4,500).

10 (q) The fee for an application for a moderate sedation permit  
11 shall not exceed one thousand dollars (\$1,000), and the fee for the  
12 renewal of a moderate sedation permit shall not exceed six hundred  
13 dollars (\$600).

14 (r) The fee for an application for an oral conscious sedation  
15 permit shall not exceed one thousand dollars (\$1,000), and the fee  
16 for the renewal of an oral conscious sedation permit shall not  
17 exceed six hundred dollars (\$600).

18 (s) The fee for a certification of licensure shall not exceed one  
19 hundred twenty-five dollars (\$125).

20 (t) The fee for an application for the law and ethics examination  
21 shall not exceed two hundred fifty dollars (\$250).

22 The board shall report to the appropriate fiscal committees of  
23 each house of the Legislature whenever the board increases any  
24 fee pursuant to this section and shall specify the rationale and  
25 justification for that increase.

26 SEC. 25. Section 1750.5 of the Business and Professions Code  
27 is amended to read:

28 1750.5. A person holding a dental sedation assistant permit  
29 pursuant to Section 1750.4 may perform the following duties under  
30 the direct supervision of a licensed dentist or other licensed health  
31 care professional authorized to administer conscious sedation or  
32 general anesthesia in the dental office:

33 (a) All duties that a dental assistant is allowed to perform.

34 (b) Monitor patients undergoing moderate sedation or general  
35 anesthesia utilizing data from noninvasive instrumentation such  
36 as pulse oximeters, electrocardiograms, capnography, blood  
37 pressure, pulse, and respiration rate monitoring devices. Evaluation  
38 of the condition of a sedated patient shall remain the responsibility  
39 of the dentist or other licensed health care professional authorized  
40 to administer conscious sedation or general anesthesia, who shall

1 be at the patient's chairside while conscious sedation or general  
2 anesthesia is being administered.

3 (c) Drug identification and draw, limited to identification of  
4 appropriate medications, ampule and vial preparation, and  
5 withdrawing drugs of correct amount as verified by the supervising  
6 licensed dentist.

7 (d) Add drugs, medications, and fluids to intravenous lines using  
8 a syringe, provided that a supervising licensed dentist is present  
9 at the patient's chairside, limited to determining patency of  
10 intravenous line, selection of injection port, syringe insertion into  
11 injection port, occlusion of intravenous line and blood aspiration,  
12 line release and injection of drugs for appropriate time interval.  
13 The exception to this duty is that the initial dose of a drug or  
14 medication shall be administered by the supervising licensed  
15 dentist.

16 (e) Removal of intravenous lines.

17 (f) Any additional duties that the board may prescribe by  
18 regulation.

19 (g) The duties listed in subdivisions (b) to (e), inclusive, may  
20 not be performed in any setting other than a dental office or dental  
21 clinic.

22 SEC. 26. No reimbursement is required by this act pursuant to  
23 Section 6 of Article XIII B of the California Constitution because  
24 the only costs that may be incurred by a local agency or school  
25 district will be incurred because this act creates a new crime or  
26 infraction, eliminates a crime or infraction, or changes the penalty  
27 for a crime or infraction, within the meaning of Section 17556 of  
28 the Government Code, or changes the definition of a crime within  
29 the meaning of Section 6 of Article XIII B of the California  
30 Constitution.

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
FEBRUARY 8 - FEBRUARY 9, 2018 BOARD MEETING**

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**BILL NUMBER:** Senate Bill 392

**AUTHOR:** Bates

**SPONSOR:** California  
Association of Oral  
and Maxillofacial  
Surgeons

**VERSION:** Amended 05/26/2017

**INTRODUCED:** 02/15/2017

**BILL STATUS:** 06/12/2017 – Referred to  
Com. on B & P.

**BILL LOCATION:** Assembly

**SUBJECT:** Dentistry: report: access to  
care: pediatric dental patients.

**RELATED  
BILLS:** AB 224,  
SB 501

**SUMMARY**

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

**ANALYSIS**

SB 392 has missed the legislative deadline. It is Board staffs understanding that this bill will not be moving forward.

**REGISTERED SUPPORT/OPPOSITION**

**Support**

California Association of Oral and Maxillofacial Surgery (Sponsor)  
California Dental Association

Oppose

American Academy of Pediatrics, California

**STAFF RECOMMENDATION**

Watch.

**BOARD POSITION:**

**SUPPORT:**\_\_\_\_\_ **OPPOSE:**\_\_\_\_\_ **NEUTRAL:**\_\_\_\_\_ **WATCH:**\_\_\_\_\_



AMENDED IN SENATE MAY 26, 2017

AMENDED IN SENATE APRIL 17, 2017

AMENDED IN SENATE APRIL 4, 2017

## SENATE BILL

**No. 392**

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**Introduced by Senator Bates**

February 15, 2017

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An act to add Section 1645.2 to, and to add and repeal Section 1601.7 of, of the Business and Professions Code, relating to dentistry.

### LEGISLATIVE COUNSEL'S DIGEST

SB 392, as amended, Bates. Dentistry: report: access to care: pediatric dental patients: continuing education: *patients*.

~~(1) The~~

*The* Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for a dentist who administers or orders the administration of general anesthesia on an outpatient basis for dental patients, including a requirement that the dentist holds a valid anesthesia permit issued by the board.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

~~(2) Existing law also authorizes the board to require licensees to complete continuing education hours as a condition of license renewal.~~

~~This bill would require the board to develop, by January 1, 2019, a course in pediatric life support and airway management, as specified. The bill would provide the board with discretion over the solicitation and subsequent acceptance of proposals from continuing education vendors to provide the course.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1601.7 is added to the Business and  
2 Professions Code, to read:

3 1601.7. (a) On or before January 1, 2019, the board shall  
4 provide to the Legislature a report and analysis of the effects on  
5 access to care for pediatric dental patients specifically as it relates  
6 to requiring the addition of a second general anesthesia  
7 permitholder to be present during the administration of general  
8 anesthesia on a patient seven years of age or younger, if the  
9 provider is currently a general anesthesia permitholder. The  
10 analysis should include costs of sedation and anesthesia, resource  
11 constraints of the healthcare system, including Denti-Cal compared  
12 to private insurance, and feasibility issues that include, but are not  
13 limited to, time, skills, staff availability, and equipment availability  
14 for the provider to carry out necessary dental procedures. The  
15 board shall make the report publicly available on the board's  
16 Internet Web site.

17 (b) (1) A report to be submitted pursuant to subdivision (a)  
18 shall be submitted in compliance with Section 9795 of the  
19 Government Code.

20 (2) Pursuant to Section 10231.5 of the Government Code, this  
21 section is repealed on January 1, 2023.

22 SEC. 2. ~~Section 1645.2 is added to the Business and Professions~~  
23 ~~Code, to read:~~

24 ~~1645.2. By January 1, 2019, the board shall develop a course~~  
25 ~~in pediatric life support and airway management equivalent to the~~  
26 ~~American Academy of Pediatrics and American Academy of~~  
27 ~~Pediatric Dentistry guidelines or guidelines determined by the~~  
28 ~~board in order to protect the public health and safety consistent~~

1 ~~with Section 1601.2. The board shall have discretion, consistent~~  
2 ~~with the guidelines, over the solicitation and subsequent acceptance~~  
3 ~~of proposals from continuing education vendors to provide the~~  
4 ~~course.~~

O

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
FEBRUARY 8 - FEBRUARY 9, 2018 BOARD MEETING**

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**BILL NUMBER:** Senate Bill 501

**AUTHOR:** Glazer

**SPONSOR:** California  
Association of Oral  
and Maxillofacial  
Surgeons

**VERSION:** Amended 05/01/2017

**INTRODUCED:** 02/16/2017

**BILL STATUS:** 09/01/2017 – Joint Rule 62(a)  
suspended; 09/01/17 hearing  
suspended by the Assembly  
Appropriations Committee.

**BILL LOCATION:** Assembly

**SUBJECT:** Dentistry: anesthesia and  
sedation: report.

**RELATED  
BILLS:** AB 224,  
SB 392

**SUMMARY**

Senate Bill (SB) 501 would broadly enact recommendations from the Dental Board of California's (Board) Pediatric Anesthesia Study of 2016. Senator Jerry Hill requested an investigation of the present laws, regulations, and policies related to pediatric dental anesthesia to ensure patient safety. The Board recommended updating terminology, staffing requirements, educational requirements, and monitoring standards to further improve the safety of pediatric dental anesthesia and sedation.

Current law states that dentists are licensed and regulated by the Board. In order to administer general anesthesia (GA) to a dental patient, a licensed dentist must also have a GA permit from the Board. This requirement also applies to physicians who administer GA in a dental office. Dentists that administer drugs that result in conscious sedation are required to have either a GA permit or a conscious sedation permit from the Board.

This bill as amended will have various effects on current statutes and regulations in place as it relates to the administration of outpatient anesthesia and sedation by dentists. Aside from the workload required to update regulations, the requirements of SB 501 are not absorbable by the Board and will most likely require fee increases. The Board will be required to update statutes and regulations, solicit vendors, develop contracts to produce reports, increase fees, and hire staff by 2019.

SB 501 repeals provisions related to producing a pediatric anesthesia report to the Legislature. Additionally, the bill requires the Board to produce two new reports (regarding pediatric deaths and access to care with the implementation of a second general anesthesia (GA) permitholder) for the Legislature as well as requiring the Board to conduct a review of pediatric morbidity and mortality.

This bill also repeals provisions related to oral conscious sedation for pediatric and adult patients. Additionally, this bill redefines the terms GA, deep sedation, moderate sedation (formerly known as conscious sedation), and minimal sedation. SB 501 extends the licensing criteria and outlines the permit requirements for dentists who wish to administer GA or deep sedation, and moderate sedation on an outpatient basis. This bill also outlines the requirements for dentists who wish to perform procedures on children under the age of 13. Moreover, this bill authorizes a current licensed physician and surgeon to administer deep sedation and GA in a licensed dentist's office, even if the dentist does not have a GA permit, if the surgeon or physician meets certain requirements. Furthermore, this bill requires a patient to submit to a physical examination and disclose medical history to the dentist before any deep sedation or GA may be administered.

SB 501 extends the licensing criteria and outlines the permit requirements to dentists who administer minimal sedation on an outpatient basis and who wish to perform procedures utilizing the administration of pediatric minimal sedation. Notably, any pediatric endorsements for the aforementioned permits will require a dentist to obtain specified training as outlined in the bill. Violations of any of the provisions would constitute unprofessional conduct and could result in the revocation or suspension of the dentist's permit or license.

## **ANALYSIS**

### **Business and Professions Code (Code) Section (§) 1601.4, 1601.7, and 1616.1**

#### ***Reports***

SB 501 deletes provisions in law that requires the Board to submit a report to the Legislature, on or before January 1, 2017, in relation to the adequacy of patient protection in regards to pediatric anesthesia. However, the Board would be required to submit a report to the Legislature on pediatric deaths related to GA and deep sedation in dentistry at its 2020 sunset review. Additionally, on or before January 1, 2019, the Board would be required to submit a report to the Legislature that addresses the effects on access to care for pediatric dental patients related to the addition of requiring a second GA permitholder be present when the patient is seven years of age or younger during the administration of GA by a current GA permitholder. Furthermore, on or before January 1, 2019, the Board would be required to conduct a review of pediatric morbidity and mortality data since January 1, 2017 to improve safety.

The cost of the data collection, analysis, and review necessary to develop the reports cannot be absorbed by the Board due to the significant increase on costs and workload. Additionally, the Board lacks the authority to track the impact on access to care for

pediatric dental patients and the Board would be required to contract out to a research entity to conduct the study and analysis.

Additionally, the request to complete a review of pediatric mobility and mortality data cannot be absorbed by the Board. The Board would likely need to contract out to a research authority to complete this review and this cost could not be absorbed. Additionally, this statute does not specify the type of data collected.

**Code § 1646, 1647.1, and 1647.30** *GA, Deep Sedation, Moderate Sedation, and Minimal Sedation Definitions*

SB 501 repeals the provisions pertaining to the use of oral conscious sedation for both pediatric and adult patients. Additionally, the bill redefines the GA, deep sedation, moderate sedation (formerly known as conscious sedation), and minimal sedation.

The Board would be required to update regulations to define GA, deep sedation, moderate sedation, and minimal sedation consistent with this bill.

**Code § 1646.1, 1646.3** *GA or deep sedation for Outpatient Basis Requirements*

SB 501 extends the licensing criteria to dentists who administer GA or deep sedation on an outpatient basis for dental patients. Dentists would be required to: (1) possess a GA permit issued by the Board; (2) possess a pediatric endorsement on their GA permit to administer GA or deep sedation to patients under seven; (3) physically be within the dental office at the time of ordering, and during administration of, GA or deep sedation; (4) have at least two support staff, in addition to the dentist, present during a procedure involving GA or deep sedation if the patient is between the ages of seven to 13 (the dentist must be certified in Pediatric Advanced Life Support [PALS] and at least one support staff must be trained in pediatric life support and airway management, this staff member will be dedicated to monitoring the patient throughout the procedure); and (5) have at least two people, in addition to the dentist, present during a procedure involving GA or deep sedation if the patient is under the age of seven (both people must be trained in pediatric life support and airway management, however one person must be dedicated to monitoring the patient throughout the procedure while the other person assist in the procedure as needed. Special requirements are necessary if a dedicated anesthesia provider is utilized). As a requirement of renewal of the GA permit, a permittee is also required to complete 24 hours of approved course in relation to GA or deep sedation. This bill prohibits dentists from administering deep sedation for reasons other than dental treatment. This bill also requires a patient undergo a physical examination and medical history before the administration deep sedation or GA. Any dentist that holds a GA permit will be required to maintain a patient's medical history, physical evaluation, deep sedation, and GA records as required by the Board's regulations.

SB 501 would require the Board to change the current permit title from "GA" to "deep sedation or GA". However, further clarification is needed to identify whether the title or name of the permit would need to be updated to identify the type of sedation/anesthesia provided (ex: GA permit vs. GA permit, under 13).

The Board would need to update regulations to define the requirements to obtain a permit for GA or deep sedation and how many staff members are required to be present depending upon the age of the patient. Additionally, it is unclear whether the current GA permit holders must reapply for new permits for the administration of GA to treat a patient under the age of seven, pursuant to § 1646.1(b) or if this is only a requirement for new applicants that apply as of January 1, 2019. Specifically, the requirement of a pediatric endorsement to treat patients under seven may be an issue for the GA permittees since the permits do not have that designation currently. Further clarification is needed to explain if existing GA permit holders will be grandfathered into the program. Additionally, with the pediatric endorsement, the Board would likely need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of GA/deep sedation on adult, under 13, and under seven patients.

SB 501 bill does not explicitly state whether the Board or the GA permit holder would be responsible for maintaining proof that at least one support staff is trained in PALS and airway management (as required by this bill) to treat a patient between the ages of seven to 13. Currently, the Board does not have a license for dental auxiliaries that would capture this information.

SB 501 would require the Board to update regulations defining the rules and requirements regarding the need to perform a physical evaluation and medical history before the administration of GA or deep sedation and maintenance of those records.

**Code § 1646.2** *Dentist Requirements to Administer GA or Deep Sedation Pediatric Endorsement*

This bill extends the licensing criteria to obtain a GA permit to administer GA and deep sedation. However, beginning January 1, 2019, SB 501 requires dentists who wish to have a pediatric endorsement on their GA permit to have: (1) completed a Commission on Dental Accreditation (CODA) accredited or equivalent residency training program providing competency in the administration of deep sedation and GA on children under seven years of age; (2) provided proof of successful completion of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency, for both the initial application and renewal; and (3) provided proof of current and continuous certification in Advanced Cardiac Life Support (ACLS) and PALS for the duration of holding the permit. Dentists who would otherwise qualify for the endorsement but lack sufficient cases in pediatric sedation are allowed to provide deep sedation and GA to patients under seven under direct supervision of a GA permitholder that possess a pediatric endorsement.

This bill does not specify what is to be submitted as “proof of completion” of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency.

Because of the pediatric endorsement, the Board may need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of GA/deep sedation on adult, under 13, and under seven patients. The Board would also be required to create three new permits for GA (adult, under 13, and under 7) and request numerous updates to the Breeze system. Currently, the Board does not track permitholders performing pediatric dentistry. If all GA permit holders are required to reapply for a permit, there will be an influx of applications for review. This would likely lead to an increased workload of GA permits.

**Code § 1646.9 *Deep Sedation or GA License for Surgeon and Physician***

SB 501 authorizes a current licensed physician and surgeon to administer deep sedation (in addition to GA which is in the statute) in a licensed dentist's office for dental patients if the physician/surgeon could provide proof of their license to practice medicine in California (CA) and a valid GA permit issued by the Board. This bill would require physicians and surgeons to provide proof of the following before obtaining the GA permit: training that provides competency in the administration of deep sedation and GA on children, as well as submit current and continuous certification in ACLS and PALS for the duration of holding the permit.

The Board would be required to update regulations defining the rules and educational requirements to obtain a GA permit for surgeons and physicians.

**Code § 1647.2 *Moderate Sedation for Outpatient Basis Requirements***

SB 501 extends the licensing criteria to dentists who administer moderate sedation on an outpatient basis for dental patients. Dentists would be required to: (1) possess a GA permit or possess a moderate sedation permit; (2) possess a pediatric endorsement on their moderate sedation permit to administer moderate sedation to patients under 13; (3) be physically present within the treatment facility while the patient is sedated; (4) have at least one other support staff present at all times during a procedure involving moderate sedation if a patient is between the ages of seven to 13 and that staff member must be trained in pediatric life support and airway management; and (5) have at least two support staff present, in addition to the dentist, at all times during a procedure involving moderate sedation if a patient is under seven with one staff member trained in pediatric life support and airway management and dedicated to monitoring the patient throughout the procedure.

The Board would be required to update regulations defining the rules and revise the educational requirement to obtain a moderate sedation permit, and for consistency, to change the designation from conscious sedation to moderate sedation.

Additionally, pursuant to § 1682(b) a dentist can allow a licensed health professional experienced in the care and resuscitation of patients recovering from conscious sedation or GA, to monitor a patient while recovering from sedation. Further clarification is needed to explain the where the dentist must be in the facility, while the patient is



under moderate sedation, when it appears that § 1682(b) allows a licensed health professional experience to fill the dentist's role while a patient is recovering.

The Board would be required to update regulations regarding the number of staff members required to be present during moderate sedation. Additionally, it is unclear whether the current conscious sedation permit holders must reapply for new permits for the administration of GA to treat a patient under the age of seven, or if this is just for new applicants applying as of January 1, 2019. Specifically, the requirement of a pediatric endorsement to treat patients under seven may be an issue for the permittees since the permits do not have that designation because it was not initially required. Further clarification is needed to explain if existing permit holders will be grandfathered into the program. Moreover, in regards to the pediatric endorsement, the Board may need to modify the current on-site inspection and evaluation programs. It is unclear whether permit holders will need to be evaluated separately in the administration of moderate sedation on adult, under 13, and under seven patients.

The Board would also be required to create three new permits for moderate sedation (adult, under 13, and under 7) and request numerous updates to the Breeze system. As stated previously, the Board does not track permitholders performing pediatric dentistry. If all moderate sedation permit holders are required to reapply for a permit, there will be an influx of applications for review.

**Code § 1647.3 Moderate Sedation Permit Requirements for Dentists**

SB 501 requires dentists to apply for a moderate sedation permit from the board before performing and administering moderate sedation. This bill would include new training requirements in the administration of moderate sedation to comply with the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the ADA. Pediatric endorsements for moderate sedation would require the dentist to be trained in PALS and airway management and completion of moderate sedation courses. This bill would also require physical examination and medical history to be taken of the patient before administering moderate sedation. Any dentist that holds a GA permit would be required to maintain medical history, physical evaluations, and moderate sedation records as required by the Board's regulations.

The Board would be required to update regulations defining the rules and requirement regarding moderate sedation to remain consistent with this bill. The Board would also need to update regulations to define the new permit application process. There are approximately 515 Conscious Sedation permit holders in CA (which the Board assumes would be now defined as moderate sedation). This bill would change the permit process with several different pathways for permits, which includes submitting 20 cases for review by staff and SME for competency.

The Board would be required to update regulations defining the rules and requirements regarding the need to perform a physical evaluation and medical history before the administration of moderate sedation and maintenance of those records.

**Code§ 1647.31 *Pediatric Minimal Sedation Licensing Permit Requirements***

This bill would extend the licensing criteria in regards to dentists who administer minimal sedation on an outpatient basis for dental patients under the age of 13, if they hold: a valid pediatric minimal sedation permit, GA permit issued by the board, or a valid anesthesia permit issued by the Board that authorizes moderate sedation, deep sedation, or GA. However, the dentist who would administer minimal sedation must be physically present in the treatment facility while the patient is sedated.

In relation to § 1647.31, regarding who can administer minimal sedation, the Board would need to update regulations defining the rules and requirement which may be absorbable.

**Code § 1647.32 *Pediatric Minimal Sedation Permit Requirements***

This bill would require dentists who wish to perform and administer pediatric minimal sedation to apply for a pediatric minimal sedation permit with the Board. Dentists would be required to include documentation that the equipment and drugs required by the Board are on the premises and training in the administration of pediatric minimal sedation. This training is to include: proof of 24 hours of pediatric minimal sedation (in addition to one clinical case) that covers training in airway management and patient rescue from moderate sedation, as well as provide completion of an accredited residency in pediatric dentistry. Dentists are limited to administering a single dose that is unlikely to produce a state of unintended moderate sedation. A minimum of one staff member, in addition to the dentist, must be present during the procedure as well as trained in the monitoring and resuscitation of pediatric patients.

SB 501 would require that to qualify for a pediatric minimal sedation permit a dentist must include completion of an accredited residency in pediatric dentistry but does not specify if this a program approved by CODA. Additionally, further clarification is needed to explain the training required for the additional staff member in monitoring and resuscitation of pediatric patients.

**Code § 1647.33 *Request for Board to be Responsible for Pediatric Minimal Sedation Program***

It is the intent of the Legislature, and this bill, that the Board hire staff to administer the pediatric minimal sedation program and establish fees sufficient to the administration and enforcement costs incurred by the Board in carrying out this program.

This would require the Board to create a new permit issued by the Board. The Board would need to work with developers to create an additional license, make additions to Breeze, correspondence, certificates, and cashiering. The Board would also need to make changes to the current website and applications/forms.

**Code § 1647.34 *Consequences of Violating the Provisions***

A violation of any provision of the provisions outlined in this bill constitutes unprofessional conducts and is grounds for the revocation or suspension of the dentist's permit or license, or both.

The only costs that may be incurred by a local agency relate to crimes and infractions.

***Fiscal Impact***

As noted in the Senate Appropriations Committee, this bill would result in changes to the current use and regulation of anesthesia and sedation by dentists. These include one-time costs of over \$5 million to prepare the reports, hire new staff to review permit applications, and obtain additional office space to house the new staff to achieve the requirements implemented by the bill. Additionally, another \$1.1 million in ongoing costs would be required for additional staff and office space. An estimated \$3.6 million will be needed per year for additional site inspections at dental offices and clinics to ensure compliance with the requirements outlined in this bill.

**REGISTERED SUPPORT/OPPOSITION**

Support

California Association of Oral and Maxillofacial Surgery (sponsor)  
California Dental Association

Oppose

American Academy of Pediatrics  
California Society of Dentist Anesthesiologists  
PDI Surgery Center

**STAFF RECOMMENDATION**

Watch.

**BOARD POSITION:**

**SUPPORT:**\_\_\_\_\_ **OPPOSE:**\_\_\_\_\_ **NEUTRAL:**\_\_\_\_\_ **WATCH:**\_\_\_\_\_

AMENDED IN SENATE MAY 1, 2017  
AMENDED IN SENATE APRIL 20, 2017  
AMENDED IN SENATE APRIL 17, 2017

**SENATE BILL**

**No. 501**

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**Introduced by Senator Glazer**

February 16, 2017

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An act to amend Sections 1601.4, 1646, 1646.1, 1646.2, 1646.3, 1646.4, 1646.5, 1646.8, 1646.9, 1647, 1647.1, 1647.2, 1647.3, 1647.5, 1647.6, and 1647.7 of, to amend the heading of Article 2.7 (commencing with Section 1646) of Chapter 4 of Division 2 of, to add Sections 1601.7, 1616.1, 1646.6.5, and 1647.8.5 to, to add Article 2.87 (commencing with Section 1647.30) to Chapter 4 of Division 2 of, and to repeal Article 2.85 (commencing with Section 1647.10) and Article 2.86 (commencing with Section 1647.18) of Chapter 4 of Division 2 of, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 501, as amended, Glazer. Dentistry: anesthesia and sedation: report.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a dentist to engage in certain conduct, including failing to obtain written consent prior to administering general anesthesia or conscious sedation. The act also makes a willful violation of its provisions, including practicing without

a valid certificate or license, a crime, and defines various terms relating to anesthesia and sedation.

This bill would repeal those provisions relating to the use of oral ~~conscious~~ *conscious* sedation for pediatric and adult patients. The bill would redefine general anesthesia for these purposes and additionally would define “deep sedation” to mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of general anesthesia on an outpatient basis for dental patients unless the dentist meets certain licensing criteria.

This bill would extend that licensing criteria to dentists administering deep sedation. The bill would require dentists, beginning January 1, 2019, to have a pediatric endorsement of their general anesthesia permit and have completed a Commission on Dental Accreditation accredited or equivalent residency training program providing competency in the administration of deep sedation or general anesthesia to be eligible to administer these drugs to patients under 7 years of age. The bill also would require dentists, beginning January 1, 2019, to have completed at least 20 cases to establish competency for patients under 7 years of age, and would require dentists to perform a physical evaluation and a medical history before administering deep sedation or general anesthesia. The bill would further require that, for any procedure involving deep sedation or general anesthesia for patients between 7 and 13 years of age, the dentist and at least 2 support staff be present and would require the dentist and at least one support staff to have certain advanced life support and airway management training, as specified. The bill also would require at least 3 people to be present during procedures on children under 7 years of age and would require the other attendees to hold specified certifications and have certain advanced life support and airway management training, as specified.

The Dental Practice Act prohibits a dentist from administering or ordering the administration of conscious sedation, as defined, on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would replace the term “conscious sedation” with “moderate sedation,” meaning a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands and meets other criteria. The bill would authorize a dentist to administer or order the administration of moderate sedation on an outpatient basis to a

dental patient if the dentist meets specified licensing criteria and has applied to the board, submitted an application fee, and shown successful completion of training in moderate sedation. The bill would require a dentist who orders the administration of moderate sedation to be physically present in the treatment facility while the patient is sedated. The bill would specify that training in the administration of moderate sedation is acceptable if it consists of a certain number of instructional hours and completion of cases and complies with certain guidelines for teaching pain control and sedation. The bill would specify that a pediatric endorsement requires a dentist to obtain specified training. The bill also would require for a child under 7 years of age that there be at least 2 support staff persons in addition to the practicing dentist at all times during the procedure, with one staff member serving as a dedicated patient monitor.

The bill also would establish new requirements for dentists administering or ordering the administration of minimal sedation, defined as a drug-induced state during which patients respond normally to verbal commands, as specified, for pediatric patients under 13 years of age. These new requirements would include that the dentist possess specified licensing credentials, and would require any dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee. The bill would make a violation of these provisions governing minimal sedation unprofessional conduct, constituting grounds for the revocation or suspension of the dentist's ~~permit or other forms of reprimand~~, *permit, or both*. Additionally, by expanding the scope of an existing crime for violations of the Dental Practice Act, the bill would impose a state-mandated local program. This bill also would authorize the board to conduct a review of pediatric morbidity and mortality data, as provided, for the purpose of obtaining high-quality pediatric sedation and anesthesia-related data.

This bill, on or before January 1, 2019, would require the board to provide to the Legislature a report and analysis, as specified, of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a 2nd general anesthesia permitholder to be present during the administration of general anesthesia on a patient 7 years of age or younger, if the provider is currently a general anesthesia permitholder.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1601.4 of the Business and Professions  
2 Code is amended to read:

3 1601.4. The board shall provide a report on pediatric deaths  
4 related to general anesthesia and deep sedation in dentistry at the  
5 time of its sunset review pursuant to subdivision (d) of Section  
6 1601.1.

7 SEC. 2. Section 1601.7 is added to the Business and Professions  
8 Code, to read:

9 1601.7. (a) On or before January 1, 2019, the board shall  
10 provide to the Legislature a report and analysis of the effects on  
11 access to care for pediatric dental patients specifically as it relates  
12 to requiring the addition of a second general anesthesia  
13 permitholder to be present during the administration of general  
14 anesthesia on a patient seven years of age or younger, if the  
15 provider is currently a general anesthesia permitholder. The  
16 analysis should include costs of sedation and anesthesia, resource  
17 constraints of the health care system, including Denti-Cal compared  
18 to private insurance, and feasibility issues that include, but are not  
19 limited to, time, skills, staff availability, and equipment availability  
20 for the provider to carry out necessary dental procedures. The  
21 board shall make the report publicly available on the board's  
22 Internet Web site.

23 (b) (1) A report to be submitted pursuant to subdivision (a)  
24 shall be submitted in compliance with Section 9795 of the  
25 Government Code.

26 (2) Pursuant to Section 10231.5 of the Government Code, this  
27 section is repealed on January 1, 2023.

28 SEC. 3. Section 1616.1 is added to the Business and Professions  
29 Code, to read:

1 1616.1. On or before January 1, 2019, the board shall conduct  
2 a review of pediatric morbidity and mortality data beginning  
3 January 1, 2017, for the purpose of obtaining high-quality data  
4 about outcomes and complications related to pediatric dental  
5 sedation and anesthesia. It is the intent of this section that the  
6 collection of data shall lead to further quality improvement and  
7 safety.

8 SEC. 4. The heading of Article 2.7 (commencing with Section  
9 1646) of Chapter 4 of Division 2 of the Business and Professions  
10 Code is amended to read:

11  
12 Article 2.7. Use of Deep Sedation and General Anesthesia  
13

14 SEC. 5. Section 1646 of the Business and Professions Code is  
15 amended to read:

16 1646. As used in this article, the following definitions apply:

17 (a) “Deep sedation” means a drug-induced depression of  
18 consciousness during which patients cannot be easily aroused but  
19 respond purposefully following repeated or painful stimulation.  
20 The ability to independently maintain ventilatory function may be  
21 impaired. Patients may require assistance in maintaining a patent  
22 airway, and spontaneous ventilation may be inadequate.  
23 Cardiovascular function is usually maintained.

24 (b) “General anesthesia” means a drug-induced loss of  
25 consciousness during which patients are not arousable, even by  
26 painful stimulation. The ability to independently maintain  
27 ventilatory function is often impaired. Patients often require  
28 assistance in maintaining a patent airway, and positive  
29 pressureventilation may be required because of depressed  
30 spontaneous ventilation or drug-induced depression of  
31 neuromuscular function. Cardiovascular function may be impaired.

32 SEC. 6. Section 1646.1 of the Business and Professions Code  
33 is amended to read:

34 1646.1. (a) A dentist must possess either a general anesthesia  
35 permit issued by the board or a permit under Section 1638 or 1640  
36 and a general anesthesia permit issued by the board in order to  
37 administer or order the administration of deep sedation or general  
38 anesthesia on an outpatient basis for dental patients.

39 (b) A dentist must possess a pediatric endorsement for the  
40 general anesthesia permit to administer or order the administration



1 of deep sedation or general anesthesia to patients under seven years  
2 of age.

3 (c) A dentist must be physically within the dental office at the  
4 time of ordering, and during the administration of, general  
5 anesthesia or deep sedation.

6 (d) For patients seven to 13 years of age, inclusive, the dentist  
7 and at least two support staff shall be present for the procedure  
8 involving general anesthesia or deep sedation. The dentist shall  
9 be currently certified in Pediatric Advanced Life Support (PALS)  
10 and at least one support staff member shall be trained in pediatric  
11 life support and airway management, equivalent to the American  
12 Academy of Pediatrics and American Academy of Pediatric  
13 Dentistry (AAP-AAPD) Guidelines or as determined by the board.  
14 That staff member shall be dedicated to monitoring the patient  
15 throughout the procedure.

16 (e) For children under seven years of age, there shall be at least  
17 three people present during the procedure involving general  
18 anesthesia or deep sedation, including the dentist. One person  
19 present shall be solely dedicated to monitoring the patient and shall  
20 be trained in pediatric life support and airway management,  
21 equivalent to the AAP-AAPD Guidelines or as determined by the  
22 board. The second person shall also be trained in pediatric life  
23 support and airway management, equivalent to the AAP-AAPD  
24 Guidelines or as determined by the board, and may assist in the  
25 procedure as needed. If a dedicated anesthesia provider is utilized,  
26 that person shall be a general anesthesia permitholder with a current  
27 pediatric endorsement and shall be certified in ACLS and PALS.

28 (f) This article does not apply to the administration of local  
29 anesthesia, minimal sedation, or moderate sedation.

30 SEC. 7. Section 1646.2 of the Business and Professions Code  
31 is amended to read:

32 1646.2. (a) A dentist who desires to administer or order the  
33 administration of deep sedation or general anesthesia shall apply  
34 to the board on an application form prescribed by the board. The  
35 dentist must submit an application fee and produce evidence  
36 showing that he or she has successfully completed a minimum of  
37 one year of advanced training in anesthesiology and related  
38 academic subjects approved by the board, or equivalent training  
39 or experience approved by the board, beyond the undergraduate  
40 school level.

1 (b) The application for a permit shall include documentation  
2 that equipment and drugs required by the board are on the premises.

3 (c) Beginning January 1, 2019, a dentist may apply for a  
4 pediatric endorsement for the general anesthesia permit by:

5 (1) Providing proof of successful completion of a Commission  
6 on Dental Accreditation (CODA) accredited or equivalent residency  
7 training program that provides competency in the administration  
8 of deep sedation and general anesthesia on children under seven  
9 years of age.

10 (2) Providing proof of successful completion of at least 20 cases  
11 of pediatric sedation to patients under seven years of age to  
12 establish competency, both at the time of initial application and at  
13 renewal.

14 (3) Providing evidence of current and continuous certification  
15 in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced  
16 Life Support (PALS) for the duration of holding the permit.

17 (d) Initial applicants for a pediatric endorsement who otherwise  
18 qualify for the pediatric endorsement but lack sufficient cases of  
19 pediatric sedation to patients under age seven years of age shall  
20 be allowed to provide deep sedation and general anesthesia on  
21 patients under seven years of age under the direct supervision of  
22 a general anesthesia permitholder with a pediatric endorsement.  
23 The applicant may count these cases toward the 20 necessary in  
24 order to qualify for the applicant's pediatric endorsement.

25 SEC. 8. Section 1646.3 of the Business and Professions Code  
26 is amended to read:

27 1646.3. (a) A physical evaluation and medical history shall  
28 be taken before the administration of deep sedation or general  
29 anesthesia.

30 (b) Any dentist holding a permit shall maintain medical history,  
31 physical evaluation, deep sedation, and general anesthesia records  
32 as required by board regulations.

33 SEC. 9. Section 1646.4 of the Business and Professions Code  
34 is amended to read:

35 1646.4. (a) Prior to the issuance or renewal of a permit for the  
36 use of deep sedation or general anesthesia, the board may, at its  
37 discretion, require an onsite inspection and evaluation of the  
38 licensee and the facility, equipment, personnel, and procedures  
39 utilized by the licensee. The permit of any dentist who has failed  
40 an onsite inspection and evaluation shall be automatically

1 suspended 30 days after the date on which the board notifies the  
2 dentist of the failure, unless within that time period the dentist has  
3 retaken and passed an onsite inspection and evaluation. Every  
4 dentist issued a permit under this article shall have an onsite  
5 inspection and evaluation at least once every five years. Refusal  
6 to submit to an inspection shall result in automatic denial or  
7 revocation of the permit.

8 (b) The board may contract with public or private organizations  
9 or individuals expert in dental outpatient general anesthesia to  
10 perform onsite inspections and evaluations. The board may not,  
11 however, delegate its authority to issue permits or to determine  
12 the persons or facilities to be inspected.

13 SEC. 10. Section 1646.5 of the Business and Professions Code  
14 is amended to read:

15 1646.5. A permittee shall be required to complete 24 hours of  
16 approved courses of study related to deep sedation or general  
17 anesthesia as a condition of renewal of a permit. Those courses of  
18 study shall be credited toward any continuing education required  
19 by the board pursuant to Section 1645.

20 SEC. 11. Section 1646.6.5 is added to the Business and  
21 Professions Code, to read:

22 1646.6.5. A general anesthesia permit shall expire on the date  
23 provided in Section 1715 that next occurs after its issuance, unless  
24 it is renewed as provided in this article.

25 SEC. 12. Section 1646.8 of the Business and Professions Code  
26 is amended to read:

27 1646.8. Nothing in this chapter shall be construed to authorize  
28 a dentist to administer or directly supervise the administration of  
29 general anesthesia or deep sedation for reasons other than dental  
30 treatment, as defined in Section 1625.

31 SEC. 13. Section 1646.9 of the Business and Professions Code  
32 is amended to read:

33 1646.9. (a) Notwithstanding any other provision of law,  
34 including, but not limited to, Section 1646.1, a physician and  
35 surgeon licensed pursuant to Chapter 5 (commencing with Section  
36 2000) may administer deep sedation or general anesthesia in the  
37 office of a licensed dentist for dental patients, without regard to  
38 whether the dentist possesses a permit issued pursuant to this  
39 article, if both of the following conditions are met:

1 (1) The physician and surgeon possesses a current license in  
2 good standing to practice medicine in this state.

3 (2) The physician and surgeon holds a valid general anesthesia  
4 permit issued by the Dental Board of California pursuant to  
5 subdivision (b).

6 (b) (1) A physician and surgeon who desires to administer deep  
7 sedation or general anesthesia as set forth in subdivision (a) shall  
8 apply to the Dental Board of California on an application form  
9 prescribed by the board and shall submit all of the following:

10 (A) The payment of an application fee prescribed by this article.

11 (B) Evidence satisfactory to the Medical Board of California  
12 showing that the applicant has successfully completed a  
13 postgraduate residency training program in anesthesiology that is  
14 recognized by the American Council on Graduate Medical  
15 Education, as set forth in Section 2079, and provides competency  
16 in the administration of deep sedation and general anesthesia on  
17 children under seven years of age. The applicant shall show proof  
18 of successful completion of at least 20 cases of pediatric sedation  
19 to patients under seven years of age to establish competency, both  
20 at the time of initial application and at renewal.

21 (C) Documentation demonstrating that all equipment and drugs  
22 required by the Dental Board of California are possessed by the  
23 applicant and shall be available for use in any dental office in  
24 which he or she administers deep sedation or general anesthesia.

25 (D) Information relative to the current membership of the  
26 applicant on hospital medical staffs.

27 (E) Evidence of current and continuous certification in Advanced  
28 Cardiac Life Support (ACLS) and Pediatric Advanced Life Support  
29 (PALS) for the duration of holding the permit.

30 (2) Prior to issuance or renewal of a permit pursuant to this  
31 section, the Dental Board of California may, at its discretion,  
32 require an onsite inspection and evaluation of the facility,  
33 equipment, personnel, including, but not limited to, the physician  
34 and surgeon, and procedures utilized. At least one of the persons  
35 evaluating the procedures utilized by the physician and surgeon  
36 shall be a licensed physician and surgeon expert in outpatient deep  
37 sedation or general anesthesia who has been authorized or retained  
38 under contract by the Dental Board of California for this purpose.

39 (3) The permit of a physician and surgeon who has failed an  
40 onsite inspection and evaluation shall be automatically suspended

1 30 days after the date on which the board notifies the physician  
2 and surgeon of the failure unless within that time period the  
3 physician and surgeon has retaken and passed an onsite inspection  
4 and evaluation. Every physician and surgeon issued a permit under  
5 this article shall have an onsite inspection and evaluation at least  
6 once every five years. Refusal to submit to an inspection shall  
7 result in automatic denial or revocation of the permit.

8 SEC. 14. Section 1647 of the Business and Professions Code  
9 is amended to read:

10 1647. (a) The Legislature finds and declares that a  
11 commendable patient safety record has been maintained in the past  
12 by dentists and those other qualified providers of anesthesia  
13 services who, pursuant to a dentist's authorization, administer  
14 patient sedation, and that the increasing number of pharmaceuticals  
15 and techniques used to administer them for patient sedation require  
16 additional regulation to maintain patient safety in the future.

17 (b) The Legislature further finds and declares all of the  
18 following:

19 (1) That previous laws enacted in 1980 contained separate and  
20 distinct definitions for general anesthesia and the state of  
21 consciousness.

22 (2) That in dental practice, there is a continuum of sedation used  
23 which cannot be adequately defined in terms of consciousness and  
24 general anesthesia.

25 (3) That the administration of sedation through this continuum  
26 results in different states of consciousness that may or may not be  
27 predictable in every instance.

28 (4) That in most instances, the level of sedation will result in a  
29 predictable level of consciousness during the entire time of  
30 sedation.

31 (c) The Legislature further finds and declares that the  
32 educational standards presently required for deep sedation and  
33 general anesthesia should be required when the degree of sedation  
34 in the continuum of sedation is such that there is a reasonable  
35 possibility that loss of consciousness may result, even if  
36 unintended. However, achieving the degree of moderate sedation,  
37 where a margin of safety exists wide enough to render unintended  
38 loss of consciousness unlikely, requires educational standards  
39 appropriate to the administration of the resulting predictable level  
40 of consciousness.

1 SEC. 15. Section 1647.1 of the Business and Professions Code  
2 is amended to read:

3 1647.1. (a) As used in this article, “moderate sedation” means  
4 a drug-induced depression of consciousness during which a patient  
5 responds purposefully to verbal commands, either alone or  
6 accompanied by light tactile stimulation, no interventions are  
7 required to maintain a patient’s airway, spontaneous ventilation  
8 is adequate, and cardiovascular function is usually maintained.

9 (b) The drugs and techniques used in moderate sedation shall  
10 have a margin of safety wide enough to render unintended loss of  
11 consciousness unlikely. Further, patients whose only response is  
12 reflex withdrawal from painful stimuli shall not be considered to  
13 be in a state of moderate sedation.

14 (c) For very young patients or patients with intellectual  
15 disabilities, incapable of the usually expected verbal response, a  
16 minimally depressed level of consciousness for that patient should  
17 be maintained.

18 SEC. 16. Section 1647.2 of the Business and Professions Code  
19 is amended to read:

20 1647.2. (a) A dentist may administer or order the  
21 administration of moderate sedation on an outpatient basis for a  
22 dental patient if one of the following conditions is met:

23 (1) The dentist either holds a valid general anesthesia permit or  
24 obtains a moderate sedation permit.

25 (2) The dentist possesses a current permit under Section 1638  
26 or 1640 and either holds a valid general anesthesia permit or  
27 obtains a moderate sedation permit.

28 (b) A dentist must obtain a pediatric endorsement on the  
29 moderate sedation permit prior to performing moderate sedation  
30 on a patient under 13 years of age.

31 (c) A dentist who orders the administration of moderate sedation  
32 shall be physically present in the treatment facility while the patient  
33 is sedated.

34 (d) For patients seven to 13 years of age, inclusive, there shall  
35 be at least one support staff in addition to the dentist present at all  
36 times during the procedure involving moderate sedation. That staff  
37 member shall be trained in pediatric life support and airway  
38 management, equivalent to the AAP-AAPD Guidelines or as  
39 determined by the board.

(e) For a patient under seven years of age, there shall be at least two support staff persons, in addition to the dentist, present at all times during the procedure involving moderate sedation. One staff member shall be solely dedicated to monitoring the patient, and shall be trained in pediatric life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the board.

(f) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.

SEC. 17. Section 1647.3 of the Business and Professions Code is amended to read:

1647.3. (a) A dentist who desires to administer or to order the administration of moderate sedation shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed training in moderate sedation that meets the requirements of subdivision (c).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:

(1) Consists of at least 60 hours of instruction.

(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.

(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.

(d) A pediatric endorsement requires the dentist to be trained in Pediatric Advanced Life Support (PALS) and airway management, equivalent to the American Academy of Pediatrics and the American Academy of Pediatric Dentistry (AAP-AAPD) Guidelines, or as determined by the board, and successful completion of any of the following:

(1) A moderate sedation course consisting of at least 60 hours of didactic instruction and at least 20 clinical cases, as described

1 in subdivision (c), but that is directed at treating pediatric patients  
2 under 13 years of age.

3 (2) A moderate sedation course, as described in subdivision (c),  
4 that is directed at treating patients 13 years of age or older, in  
5 addition to at least 24 hours of didactic instruction in pediatric  
6 moderate sedation and at least 10 clinical cases in pediatric  
7 moderate sedation.

8 (3) A moderate sedation course that is directed at treating  
9 patients 13 years of age or older, as described in subdivision (c),  
10 in addition to completion of an accredited pediatric dental residency  
11 program. The pediatric moderate sedation permit holder shall  
12 provide proof of completion of at least 20 cases to establish  
13 competency, both at the time of the initial application and at  
14 renewal.

15 SEC. 18. Section 1647.5 of the Business and Professions Code  
16 is amended to read:

17 1647.5. A permittee shall be required to complete 15 hours of  
18 approved courses of study related to moderate sedation as a  
19 condition of renewal of a permit. Those courses of study shall be  
20 credited toward any continuing education required by the board  
21 pursuant to Section 1645.

22 SEC. 19. Section 1647.6 of the Business and Professions Code  
23 is amended to read:

24 1647.6. A physical evaluation and medical history shall be  
25 taken before the administration of moderate sedation. Any dentist  
26 holding a permit shall maintain records of the physical evaluation,  
27 medical history, and moderate sedation procedures used as required  
28 by board regulations.

29 SEC. 20. Section 1647.7 of the Business and Professions Code  
30 is amended to read:

31 1647.7. (a) Prior to the issuance or renewal of a permit to  
32 administer moderate sedation, the board may, at its discretion,  
33 require an onsite inspection and evaluation of the licensee and  
34 the facility, equipment, personnel, and procedures utilized by the  
35 licensee. The permit of any dentist who has failed an onsite  
36 inspection and evaluation shall be automatically suspended 30  
37 days after the date on which the board notifies the dentist of the  
38 failure unless, within that time period, the dentist has retaken and  
39 passed an onsite inspection and evaluation. Every dentist issued a  
40 permit under this article shall have an onsite inspection and



1 evaluation at least once in every six years. Refusal to submit to an  
2 inspection shall result in automatic denial or revocation of the  
3 permit.

4 (b) An applicant who has successfully completed the course  
5 required by Section 1647.3 may be granted a one-year temporary  
6 permit by the board prior to the onsite inspection and evaluation.  
7 Failure to pass the inspection and evaluation shall result in the  
8 immediate and automatic termination of the temporary permit.

9 (c) The board may contract with public or private organizations  
10 or individuals expert in dental outpatient moderate sedation to  
11 perform onsite inspections and evaluations. The board may not,  
12 however, delegate its authority to issue permits or to determine  
13 the persons or facilities to be inspected.

14 SEC. 21. Section 1647.8.5 is added to the Business and  
15 Professions Code, to read:

16 1647.8.5. A moderate sedation permit shall expire on the date  
17 specified in Section 1715 that next occurs after its issuance, unless  
18 it is renewed as provided in this article.

19 SEC. 22. Article 2.85 (commencing with Section 1647.10) of  
20 Chapter 4 of Division 2 of the Business and Professions Code is  
21 repealed.

22 SEC. 23. Article 2.86 (commencing with Section 1647.18) of  
23 Chapter 4 of Division 2 of the Business and Professions Code is  
24 repealed.

25 SEC. 24. Article 2.87 (commencing with Section 1647.30) is  
26 added to Chapter 4 of Division 2 of the Business and Professions  
27 Code, to read:

28  
29 Article 2.87. Use of Pediatric Minimal Sedation  
30

31 1647.30. (a) As used in this article, “minimal sedation” means  
32 a drug-induced state during which patients respond normally to  
33 verbal commands. Cognitive function and physical coordination  
34 may be impaired, but airway reflexes, ventilatory functions, and  
35 cardiovascular functions are unaffected.

36 (b) The drugs and techniques used in minimal sedation shall  
37 have a margin of safety wide enough to render unintended loss of  
38 consciousness unlikely. Further, patients whose only response is  
39 reflex withdrawal from painful stimuli shall not be considered to  
40 be in a state of minimal sedation.

1 (c) For the very young or developmentally delayed individual,  
2 incapable of the usually expected verbal response, a minimally  
3 depressed level of consciousness should be maintained.

4 1647.31. (a) A dentist may administer or order the  
5 administration of minimal sedation on an outpatient basis for  
6 pediatric dental patients under 13 years of age, if one of the  
7 following conditions is met:

8 (1) The dentist holds a valid pediatric minimal sedation permit.

9 (2) The dentist possesses a current permit under Section 1638  
10 or 1640 and either holds a valid general anesthesia permit or  
11 obtains a permit issued by the board authorizing the dentist to  
12 administer moderate sedation, deep sedation, or general anesthesia.

13 (b) A dentist who orders the administration of minimal sedation  
14 shall be physically present in the treatment facility while the patient  
15 is sedated.

16 (c) This article does not apply to the administration of local  
17 anesthesia, moderate sedation, deep sedation, or general anesthesia.

18 1647.32. (a) A dentist who desires to administer or order the  
19 administration of pediatric minimal sedation shall apply to the  
20 board on an application form prescribed by the board. The dentist  
21 shall submit an application fee and produce evidence showing that  
22 he or she has successfully completed training in pediatric minimal  
23 sedation that meets the requirements of subdivision (c).

24 (b) The application for a permit shall include documentation  
25 that equipment and drugs required by the board are on the premises.

26 (c) Training in the administration of pediatric minimal sedation  
27 shall be acceptable if it meets both of the following as approved  
28 by the board:

29 (1) Consists of at least 24 hours of pediatric minimal sedation  
30 instruction in addition to one clinical case. The pediatric minimal  
31 sedation instruction shall include training in airway management  
32 and patient rescue from moderate sedation.

33 (2) Includes completion of an accredited residency in pediatric  
34 dentistry.

35 (d) A dentist is limited to administering a single dose of a single  
36 drug via the oral route, plus a mix of nitrous oxide and oxygen  
37 that is unlikely to produce a state of unintended moderate sedation.

38 (e) A minimum of one staff member, in addition to the dentist,  
39 trained in the monitoring and resuscitation of pediatric patients  
40 shall be present.

1 1647.33. (a) The application fee for a pediatric minimal  
2 sedation permit or renewal under this article shall not exceed the  
3 amount prescribed in Section 1724.

4 (b) It is the intent of the Legislature that the board hire sufficient  
5 staff to administer the program and that the fees established  
6 pursuant to this section be equivalent to administration and  
7 enforcement costs incurred by the board in carrying out this article.

8 1647.34. A violation of any provision of this article constitutes  
9 unprofessional conduct and is grounds for the revocation or  
10 suspension of the dentist's permit or license, or ~~both, or the dentist~~  
11 ~~may be reprimanded or placed on probation.~~ *both*. The proceedings  
12 under this section shall be conducted in accordance with Chapter  
13 5 (commencing with Section 11500) of Part 1 of Division 3 of  
14 Title 2 of the Government Code, and the board shall have all the  
15 powers granted therein.

16 SEC. 25. No reimbursement is required by this act pursuant to  
17 Section 6 of Article XIII B of the California Constitution because  
18 the only costs that may be incurred by a local agency or school  
19 district will be incurred because this act creates a new crime or  
20 infraction, eliminates a crime or infraction, or changes the penalty  
21 for a crime or infraction, within the meaning of Section 17556 of  
22 the Government Code, or changes the definition of a crime within  
23 the meaning of Section 6 of Article XIII B of the California  
24 Constitution.

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
FEBRUARY 8 - FEBRUARY 9, 2018 BOARD MEETING**

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**BILL NUMBER:** Senate Bill 641

**AUTHOR:** Lara

**SPONSOR:** California Medical Association

**VERSION:** Amended 04/20/2017

**INTRODUCED:** 02/17/2017

**BILL STATUS:** 07/11/2017 – Set for first hearing at the Com. on PUB. S. canceled at the request of the author and no further hearing date set.

**BILL LOCATION:** Assembly

**SUBJECT:** Controlled Substance Utilization Review and Evaluation System: Privacy.

**RELATED  
BILLS:** AB 40

**SUMMARY**

Existing law requires the Department of Justice (DOJ) to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, and IV controlled substances by practitioners authorized to prescribe or dispense these controlled substances. Under existing law, information obtained from CURES may only be provided to appropriate public agencies for disciplinary, civil, or criminal purposes and to other agencies/entities, as determined by the DOJ, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Moreover, existing law allows data obtained from CURES to be provided to entities for statistical or research purposes, as approved by the DOJ.

This bill would prohibit the release of data obtained from CURES to a law enforcement agency except pursuant to a warrant based on probable cause. However, the United State Drug Enforcement Agency is excluded from the warrant requirement.

**ANALYSIS**

SB 641 establishes a structure for disclosure of confidential data from CURES to law enforcement. Prescription information, when in a person's medical record, has the protections of the Confidential Medical Information Act. However, on most instances, law enforcement may access it with a warrant. This bill seeks to align the requirements for law enforcement access medical information in CURES with the disclosure

requirements for medical information in medical records. Without this protection, DOJ can change the standard without a public process.

This bill requires that a valid court order or warrant based on probable cause be obtained by a federal, state, or local law enforcement agency in order for DOJ to provide CURES data to the law enforcement agency. Additionally, law enforcement seeking a court order or warrant, to obtain information within CURES, must be engaged in an open and active investigation regarding a person involved in prescription drug abuse or diversion of prescription controlled substances. The author of this bill has stated, "SB 641 upholds California's longstanding history of protecting patient and consumer privacy without compromising the crucial benefits of this important public health tool."

However, organizations in opposition have stated that SB641 is a step too far because it severely limits law enforcement's access to CURES data by requiring an incredibly narrow warrant requirement. Stating further that, doctors do not have an expectation of privacy in oversight of their professional activities and there is nothing that would justify this special protection. Their belief is that SB 641 hampers law enforcement's ability to identify and stop criminal activities, such as doctors who sell prescriptions for cash, and by restricting public safety officials use of this key tool those efforts will be set back. Additionally, they noted that regulatory boards will also lose an important source of information as they often find out about this type of illegal activity only once law enforcement is involved. However, these organizations in oppositions have proposed that SB 641 should instead, require a regulatory process on the issue or simply codify the DOJ's current policies that require a warrant to obtain a patient's, but not a doctor's information.

## **REGISTERED SUPPORT/OPPOSITION**

### Support

California Medical Association (Sponsor)  
American Academy of Pediatrics  
American Civil Liberties Union  
American College of Physicians, California Chapters  
California Academy of Family Physicians  
California Academy of Preventative Medicine  
California Dental Association  
California Health Advocates  
County Behavioral Health Directors Association of California  
Electronic Frontier Foundation  
Osteopathic Physicians and Surgeons of California

### Oppose

Association for Los Angeles Deputy Sheriffs  
Association for Deputy District Attorneys  
California Association of Code Enforcement Officers

California College and University Police Chiefs Association  
California Narcotic Officers Association  
California Police Chiefs Association  
California State Board of Pharmacy  
California State Sheriffs' Association  
California Teamsters Public Affairs Council  
Center for Public Interest Law, University of San Diego School of Law  
Consumer Attorneys of California  
Consumer Watchdog  
Los Angeles County District Attorney  
Los Angeles County Probation Officers Union AFSCME Local 685  
Los Angeles County Professional Peace Officers Association  
Shatterproof  
Troy and Alana Pack Foundation

**STAFF RECOMMENDATION**

Watch.

**BOARD POSITION:**

**SUPPORT:**\_\_\_\_\_ **OPPOSE:**\_\_\_\_\_ **NEUTRAL:**\_\_\_\_\_ **WATCH:**\_\_\_\_\_

AMENDED IN SENATE APRIL 20, 2017  
AMENDED IN SENATE MARCH 28, 2017

**SENATE BILL**

**No. 641**

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**Introduced by Senator Lara**

February 17, 2017

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An act to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 641, as amended, Lara. Controlled Substance Utilization Review and Evaluation System: privacy.

Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances. Existing law requires the operation of CURES to comply with all applicable federal and state privacy and security laws and regulations. Under existing law, data obtained from CURES may only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Existing law allows data obtained from CURES to be provided to public or private entities for statistical or research purposes, as approved by the department.

This bill would prohibit the release of data obtained from CURES to a law enforcement agency except pursuant to a ~~valid court order~~, *warrant based on probable cause*, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 11165 of the Health and Safety Code is  
2 amended to read:  
3 11165. (a) To assist health care practitioners in their efforts  
4 to ensure appropriate prescribing, ordering, administering,  
5 furnishing, and dispensing of controlled substances, law  
6 enforcement and regulatory agencies in their efforts to control the  
7 diversion and resultant abuse of Schedule II, Schedule III, and  
8 Schedule IV controlled substances, and for statistical analysis,  
9 education, and research, the Department of Justice shall, contingent  
10 upon the availability of adequate funds in the CURES Fund,  
11 maintain the Controlled Substance Utilization Review and  
12 Evaluation System (CURES) for the electronic monitoring of, and  
13 Internet access to information regarding, the prescribing and  
14 dispensing of Schedule II, Schedule III, and Schedule IV controlled  
15 substances by all practitioners authorized to prescribe, order,  
16 administer, furnish, or dispense these controlled substances.  
17 (b) The Department of Justice may seek and use grant funds to  
18 pay the costs incurred by the operation and maintenance of  
19 CURES. The department shall annually report to the Legislature  
20 and make available to the public the amount and source of funds  
21 it receives for support of CURES.  
22 (c) (1) The operation of CURES shall comply with all  
23 applicable federal and state privacy and security laws and  
24 regulations.  
25 (2) (A) CURES shall operate under existing provisions of law  
26 to safeguard the privacy and confidentiality of patients. Data  
27 obtained from CURES shall only be provided to appropriate state,  
28 local, and federal public agencies for disciplinary, civil, or criminal  
29 purposes and to other agencies or entities, as determined by the  
30 Department of Justice, for the purpose of educating practitioners  
31 and others in lieu of disciplinary, civil, or criminal actions. Data  
32 may be provided to public or private entities, as approved by the  
33 Department of Justice, for educational, peer review, statistical, or  
34 research purposes, provided that patient information, including  
35 any information that may identify the patient, is not compromised.



1 Further, data disclosed to any individual or agency as described  
2 in this subdivision shall not be disclosed, sold, or transferred to  
3 any third party, unless authorized by, or pursuant to, state and  
4 federal privacy and security laws and regulations.

5 (B) The Department of Justice shall only provide data obtained  
6 from CURES to a federal, state, or local law enforcement agency  
7 pursuant to a ~~valid court order or~~ warrant based on probable cause  
8 and issued at the request of a federal, state, or local law  
9 enforcement agency engaged in an open and active *criminal*  
10 investigation regarding prescription drug abuse or diversion of  
11 prescription of controlled substances involving the individual to  
12 whom the requested information pertains.

13 (C) The Department of Justice shall establish policies,  
14 procedures, and regulations regarding the use, access, evaluation,  
15 management, implementation, operation, storage, disclosure, and  
16 security of the information within CURES, consistent with Section  
17 11165.1.

18 (D) Notwithstanding subparagraph (A), a regulatory board  
19 whose licensees do not prescribe, order, administer, furnish, or  
20 dispense controlled substances shall not be provided data obtained  
21 from CURES.

22 (3) In accordance with federal and state privacy laws and  
23 regulations, a health care practitioner may provide a patient with  
24 a copy of the patient's CURES patient activity report as long as  
25 no additional CURES data is provided and keep a copy of the  
26 report in the patient's medical record in compliance with  
27 subdivision (d) of Section 11165.1.

28 (d) For each prescription for a Schedule II, Schedule III, or  
29 Schedule IV controlled substance, as defined in the controlled  
30 substances schedules in federal law and regulations, specifically  
31 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21  
32 of the Code of Federal Regulations, the dispensing pharmacy,  
33 clinic, or other dispenser shall report the following information to  
34 the Department of Justice as soon as reasonably possible, but not  
35 more than seven days after the date a controlled substance is  
36 dispensed, in a format specified by the Department of Justice:

37 (1) Full name, address, and, if available, telephone number of  
38 the ultimate user or research subject, or contact information as  
39 determined by the Secretary of the United States Department of

1 Health and Human Services, and the gender, and date of birth of  
2 the ultimate user.

3 (2) The prescriber's category of licensure, license number,  
4 national provider identifier (NPI) number, if applicable, the federal  
5 controlled substance registration number, and the state medical  
6 license number of any prescriber using the federal controlled  
7 substance registration number of a government-exempt facility.

8 (3) Pharmacy prescription number, license number, NPI number,  
9 and federal controlled substance registration number.

10 (4) National Drug Code (NDC) number of the controlled  
11 substance dispensed.

12 (5) Quantity of the controlled substance dispensed.

13 (6) International Statistical Classification of Diseases, 10th  
14 revision (ICD-10) Code, if available.

15 (7) Number of refills ordered.

16 (8) Whether the drug was dispensed as a refill of a prescription  
17 or as a first-time request.

18 (9) Date of origin of the prescription.

19 (10) Date of dispensing of the prescription.

20 (e) The Department of Justice may invite stakeholders to assist,  
21 advise, and make recommendations on the establishment of rules  
22 and regulations necessary to ensure the proper administration and  
23 enforcement of the CURES database. All prescriber and dispenser  
24 invitees shall be licensed by one of the boards or committees  
25 identified in subdivision (d) of Section 208 of the Business and  
26 Professions Code, in active practice in California, and a regular  
27 user of CURES.

28 (f) The Department of Justice shall, prior to upgrading CURES,  
29 consult with prescribers licensed by one of the boards or  
30 committees identified in subdivision (d) of Section 208 of the  
31 Business and Professions Code, one or more of the boards or  
32 committees identified in subdivision (d) of Section 208 of the  
33 Business and Professions Code, and any other stakeholder  
34 identified by the department, for the purpose of identifying  
35 desirable capabilities and upgrades to the CURES Prescription  
36 Drug Monitoring Program (PDMP).

- 1 (g) The Department of Justice may establish a process to educate
- 2 authorized subscribers of the CURES PDMP on how to access and
- 3 use the CURES PDMP.

O



## MEMORANDUM

<b>DATE</b>	January 11, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6Bvi:</b> Update on the 2018 Healing Arts Omnibus Bill

### **Background:**

The Senate Business, Professions, and Economic Development Committee (Committee) will be introducing two omnibus bills for 2018; one bill will be designated for health care board and bureau legislation and the other will be for non-health care Board and Bureau legislation. Omnibus bills are an opportunity for boards and bureaus to submit technical, non-controversial language that may help expedite their business process or provide clarification to a statute without requiring an individual process that would receive the support of both the Assembly and Senate. The Committee requested that the proposals be submitted by January 9, 2018. Committee staff will review the proposals and consult with the Republican caucus and their staff, as well as Committee member offices to determine if the proposals are suitable for inclusion in the omnibus bills. Boards and Bureaus anticipate being notified by late January of the Committee's decision to include proposals.

The Board approved language for the Omnibus bill proposal at the November 2017 Meeting. Additionally, this language was also approved by the Board's Legal Counsel, Mr. Michael Santiago. The Board's Omnibus Bill Proposal was submitted to the Committee on January 4, 2018.

### **Board Action Requested:**

No action requested.

**Senate Business, Professions and Economic Development Committee**  
**COMMITTEE BILL: PROPOSED LEGISLATION**

**Note:** Submit the completed form to the Committee electronically by email and attach any additional information or documentation as necessary.

**REQUESTOR & CONTACT INFORMATION:**

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**DATE SUBMITTED:**

January 4, 2018

**PROPOSED TEXT (use underline & strikeout):**

The Board is proposing the following amendments to be made to the Business and Professions Code Sections:

~~Section (§) 1601.5. For purposes of Section 1601, "practicing dentist" includes a member of a faculty of any dental college or dental department of any medical college in the State of California.~~

§ 1607. The board shall meet regularly once each year in the San Francisco Bay Area and once each year in the Los Angeles Area ~~after the commencement of the dental schools for the purpose of examining applicants~~, and at such other times and places as the board may designate, for the purpose of transacting its business.

§ 1611. The board shall carry out the purposes and enforce the provisions of this chapter. It shall examine all applicants for a license to practice dentistry and dental assisting according to the provisions of this chapter and shall issue licenses and permits to practice dentistry and dental assisting, in this State to such applicants as successfully pass ~~the examination of the board~~ all applicable licensing and permitting examinations administered by the board or any regional or national testing entity designated to administer such licensing or permitting examinations and otherwise comply with the provisions of this chapter. The board shall collect and apply all fees as directed by this chapter.

§ 1611.3. The board shall comply with the requirements of Section 138 by January 1, 2013. The board shall require that the notice under that section include a provision that the board is the entity that regulates dentists and dental assistants, and provide the telephone number and Internet address of the board. The board shall require the notice to be posted in a conspicuous location accessible to public view.

§ 1611.5. The board may inspect the books, records, and premises of any dentist and the licensing documents, records, and workplace of any dental assistant licensed or permitted under this chapter in response to a complaint that a ~~licensee~~ dentist or dental assistant has violated any law or regulation that constitutes grounds for disciplinary action by the board, and may employ inspectors for this purpose.

~~A licensee's f~~Failure to allow an inspection or any part thereof shall be grounds for suspension or revocation of the license or permit in accordance with Section 1670.

§ 1612. The board shall keep a record of the names of all persons to whom licenses or permits have been granted by it to practice dentistry, dental assisting, or any other function requiring a permit, and such other records as may be necessary to show plainly all of its acts and proceedings.

§ 1614. The board may adopt reasonably necessary rules not inconsistent with the provisions of this chapter concerning:

- (a) The holding of meetings.
- (b) The holding of examinations.
- (c) The manner of issuance and reissuance of licenses.
- (d) The establishment of standards for the approval of dental colleges, dental assisting programs and educational courses.
- (e) Prescribing subjects in which applicants are to be examined.
- (f) The administration and enforcement of this chapter.

Such rules shall be adopted, amended, or repealed in accordance with the provisions of the Administrative Procedure Act.

§ 1615. Each member of the board shall receive a per diem and expenses as provided in Section 103.

~~The secretary shall be entitled to traveling and other expenses necessary in the performance of his duties.~~

~~The secretary shall not receive a salary for acting in such capacity.~~

§ 1621. The board shall utilize in the administration of its licensure examinations only examiners whom it has appointed and who meet the following criteria:

- (a) Possession of a valid license to practice dentistry in this state or possession of a valid license in one of the registered dental assistant categories licensed under this chapter.
- (b) Practice as a licensed dentist or in a licensure category described in subdivision (a) for at least five years preceding his or her appointment.
- (c) Hold no position as an officer or faculty member at any college, school, or institution that provides ~~dental~~ instruction in the same licensure category as that held by the examiner. Portfolio examiners are exempted from this requirement.

§ 1645. (a) ~~Effective with the 1974 license renewal period, if the board determines that the public health and safety would be served by requiring a~~ All holders of licenses under this chapter ~~to shall~~ continue their education after receiving a license, ~~it may require,~~ as a condition to the renewal thereof, ~~that they and shall~~ submit assurances obtain evidence satisfactory to the board that they ~~will have,~~ during the ~~succeeding preceding~~ two-year period, ~~inform themselves of~~ obtained continuing education relevant to the developments in the practice of dentistry and dental assisting consist with regulations

established by the board. ~~occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.~~

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with ~~the assurances provided for in~~ this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the board, shall not exceed fifteen hours per renewal period for dentists, and seven and one-half hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

§ 1750. Unlicensed Dental assistant defined; definition; responsibility of the employing dentist ~~Determination of competency by supervising licensed dentist~~

(a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more has already successfully completed, or successfully completes, all of the following certifications by a Board-approved provider within a year of the date of employment:

- (1) A board-approved two-hour course in the Dental Practice Act.
- (2) A board-approved eight-hour course in infection control.
- (3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

(d) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

(e) This section shall become operative on January 1, 2010.

§ 1750.2. (a) On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active and valid licensure as a Registered Dental Assistant, or

~~E~~completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

§ 1750.4. (a) On and after January 1, 2010, the board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active and valid licensure as a Registered Dental Assistant, or

~~E~~completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.



(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

§ 1751. (a) At least once every seven years, the board shall review the allowable duties for dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permit holders, and orthodontic assistant permit holders, the supervision level for these categories, and the settings under which these duties may be performed, and shall update the regulations as necessary to keep them current with the state of the dental practice.

~~(b) This section shall become operative on January 1, 2010.~~

§ 1753.7 (a) A licensed dentist may simultaneously utilize in his or her practice no more than three registered dental assistants in extended functions or registered dental hygienists in extended functions licensed pursuant to Section 1753 or 1918.

~~(b) This section shall become operative on January 1, 2010.~~



## MEMORANDUM

<b>DATE</b>	January 11, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6C:</b> Discussion and Possible Action Regarding Additional Amendments to the Board's Proposal for the 2018 Healing Arts Omnibus Bill

Withdrawn.



## MEMORANDUM

<b>DATE</b>	January 3, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6D:</b> Discussion of Prospective Legislative Proposals

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.



## MEMORANDUM

<b>DATE</b>	January 3, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6E: Update on Pending Regulatory Packages</b>

### **i. Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017):**

In March 2013, the Dental Board of California's (Board) Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend the California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association.

Additionally, Assembly Bill (AB) 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority and Board staff tabled presenting proposed language at the August meeting for the Board's consideration to research whether they had the regulatory authority to accept anything approved by the Medical Board. Board staff presented their findings and the proposed language at the November meeting for the Board's consideration to initiate the

rulemaking. At its November 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking. Board staff has drafted the initial rulemaking file documents and it is currently pending DCA Legal's review.

**ii. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division Chapter 3):**

The Dental Assisting Council has held several stakeholder workshops to develop its comprehensive rulemaking proposal relative to dental assisting. As a result of each of these workshops, Board staff has been able to develop proposed regulatory language which will be presented to the Board at a future meeting once these workshops are concluded. Once completed, this rulemaking will include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting. Board staff continues to work on the development of final proposed language and will present it to the Board for consideration at a future meeting. The next workshop is schedule for March 2, 2018.

**iii. Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)**

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The Bill required the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting, staff presented the proposed regulatory language to the Board for comments in further developing the proposed. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking. The initial rulemaking documents are being prepared.

**iv. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):**

At its December 2016 meeting, the Board approved proposed regulatory language relative to the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking. Board staff has drafted the initial rulemaking file documents and it is currently pending DCA Legal's review.

**vi. Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)**

During the August 2016 meeting, the Board voted to include updating the institutional standards found in the Cal. Code of Regs., Title 16, Section 1024.1 as part of the regulatory rulemaking priorities for fiscal year 2016-2017. On December 2, 2016, the Board approved proposed regulatory language relative to updating the institutional standards found in Cal. Code of Regs., 1024.1 and directed staff to initiate the rulemaking. Board staff has drafted the initial rulemaking documents and it is currently pending DCA Legal's review.

**vii. Licensure by Credential Application Requirements (Cal. Code of Regs., Title 16, Section 1028.6):**

Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Dr. Whitcher and Dr. Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff met with the subcommittee and the Board Legal Counsel in October 2015 and as a result of that meeting, staff presented a few policy issues to the Board for recommendation during the December 2015 Board meeting. Staff has incorporated the recommendations in the development of regulatory language and presented it to the Board during the December 2016 meeting at which time it was decided that the discussion would be tabled until a future Board meeting. Board staff is currently working on the rulemaking file documents to bring to the Board for consideration at a future meeting.

**viii. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):**

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to this matter to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability to follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the CDA to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. Staff presented revised language at the August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the approved language after meeting with CDA. Board staff has revised the proposed language which will be presented to the Board for consideration and acceptance at the February 2018 Board Meeting to continue the rulemaking.

**ix. Citation and Fine (Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7):**

During the August 2017 meeting, the Board approved proposed regulatory language relative to the citation and fine requirements found in the Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7 to remain consistent with Business and Professions Code Section 125.9. The initial rulemaking documents are being prepared.

**x. Minimum Standards for Infection Control (CCR, Title 16, Section 1005):**

AB 1277 (Daly, Chapter 413, Statute of 2017) required the Board to amend regulation on the minimum standards for infection control to require water or other methods use for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the OAL to meet the December 31, 2018 deadline for the final regulations. Board staff presented proposed language at the November 2017 Board Meeting for the Board's consideration to initiate the rulemaking.

At the November 2017 Board Meeting, staff presented proposed language at the for the Board's consideration to initiate the rulemaking. However, during this meeting Board members expressed concern over the presented language citing that it would result in unforeseen sequences because the wording presented was all encompassing and would impose a burden to dentists who may invade or expose dental pulp unintentionally. Board staff deferred to CDA who offered an amendment to address the issue raised by Board members. Mr. Michael Santiago, DCA (Department of Consumer Affairs) Legal Counsel, stated he would prefer the Board take the original language which was initially presented at the Board Meeting. The Board unanimously approved the revised language presented by CDA Staff presented revised language at the November 2017. The Board directed staff to initiate the emergency rulemaking documents. Board staff drafted the initial emergency rulemaking documents and submitted the documents to DCA Legal Affairs internal review. DCA Legal Affairs expressed concern over The Executive Officer and the Assistant Executive Officer met with DCA Legal Affairs concerning the revised language the Board approved at the November 2017 Board Meeting. DCA Legal Affairs were concerned that DCA would not approve the language, and thus the Board could not move forward, because the language would not meet OAL's review standard. Board staff plans to present the revised language to the Board for possible consideration and acceptance at the February 2018 Board Meeting to continue an emergency rulemaking.

**Action Requested:**

No action requested.



## MEMORANDUM

<b>DATE</b>	January 17, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6F:</b> Discussion and Possible Action Regarding Decreasing the Licensure by Residency Fee

### **Background:**

Assembly Bill 179 (Chapter 510, Statutes of 2015) increased the maximum fee amounts the Dental Board of California (Board) may assess and as a result, the Board raised licensing and permit fees as specified in accordance with the California Code of Regulations, Title 16, Sections 1021 and 1022. These fee increases are a result of a rulemaking action that was approved by the Office of Administrative Law (OAL) and filed with the Secretary of State on August 24, 2017. The fee increase became effective immediately, but was implemented on BreEZe on October 19, 2017.

During the November 2017 Board meeting, Board staff provided a history regarding the purpose of the fee increase. At that meeting, public comment was received from various stakeholders concerning the fee increases. Stakeholders commented on the Licensure by Residency (LBR) fee increase. Ms. Mary McCune from the California Dental Association (CDA) noted that the LBR application fee was significantly higher than the other licensure pathways and when CDA looked at the cost for administering all other pathways they were roughly the same. Comments concerning the LBR fee increase were only received by stakeholders after the rulemaking was approved by the OAL; the Board did not receive similar comments during the noticed public comment periods at the time the proposed fee increases went through the rulemaking process.

The application fees for the various pathways to dental licensure in California, including the LBR pathway, are provided in the following table:

<b>Licensure Pathways</b>	<b>Fee Prior to October 18, 2017</b>	<b>Current Fee</b>
WREB Examination	\$100.00	\$400.00
Licensure by Residency	\$100.00	\$800.00
Portfolio Examination	\$350.00	\$400.00
Licensure by Credential	\$283.00	\$525.00



The number of dental licenses issued in 2017 via each of the four pathways to licensure, including the LBR pathway, are provided in the following table:

<b>Dental Licenses Issued via Pathway</b>	<b>Total Issued in 2017</b>
WREB Examination	758
Licensure by Residency	161
Licensure by Portfolio Examination	20
Licensure by Credential	195

**Action Requested:**

The Board may discuss and take action whether to consider decreasing the LBR application fee.



## MEMORANDUM

<b>DATE</b>	January 11, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6G:</b> Discussion and Possible Action Regarding a Regular Rulemaking to Amend California Code of Regulations, Title 16, Section 1049 Relating to Mobile and Portable Dental Units

### **Background:**

Senate Bill 562 (Galgiani Chapter 562, Statutes of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Dental Board of California (Board). A copy of the bill is enclosed for reference. The bill required any regulations adopted by the Board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability of follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the CDA to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements; however, while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. Staff presented revised language at the August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the approved language after meeting with CDA and the Department of Consumer Affairs (DCA) Legal.

Therefore, Board staff is presenting amended proposed language at this February meeting for the Board's consideration to continue the regular rulemaking process.

**Action Requested:**

Consider and possibly accept the amended proposed regulatory language relative to the registration requirements for mobile and portable dental units, and direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. Consider and possibly accept draft for Application for Mobile and Portable Dental Unit Permit. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1049 as noticed in the proposed text.

## Senate Bill No. 562

### CHAPTER 624

An act to amend Section 1657 of the Business and Professions Code, relating to dentists.

[Approved by Governor October 7, 2013. Filed with  
Secretary of State October 7, 2013.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 562, Galgiani. Dentists: mobile or portable dental units.

Existing law, the Dental Practice Act, provides for the licensure and regulation by the Dental Board of California of those engaged in the practice of dentistry. Existing law provides that a person practices dentistry if the person, among other things, manages or conducts as manager, proprietor, conductor, lessor, or otherwise, in any place where dental operations are performed. Existing law authorizes a dentist to operate one mobile dental clinic or unit that is registered and operated in accordance with regulations adopted by the board. Existing law exempts specified mobile units from those requirements. Other provisions of existing law, the Mobile Health Care Services Act, require, subject to specified exemptions, licensure by the State Department of Health Care Services to operate a mobile service unit.

This bill would eliminate the one mobile dental clinic or unit limit and would require a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the board. The bill would require any regulations adopted by the board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability of followup and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties.

*The people of the State of California do enact as follows:*

SECTION 1. Section 1657 of the Business and Professions Code is amended to read:

1657. (a) For the purposes of this section, the following definitions shall apply:

(1) "Mobile dental unit" means a self-contained facility, which may include a trailer or van, in which dentistry is practiced that may be moved, towed, or transported from one location to another.

(2) “Portable dental unit” means a self-contained unit housing equipment used for providing dental treatment that is transported to, and used on a temporary basis at, nondental office locations.

(b) A mobile dental unit, or a dental practice that routinely uses portable dental units to provide treatment in nondental office locations, shall be registered and operated in accordance with regulations established by the board. These regulations shall not be designed to prevent or lessen competition in service areas. The regulations shall require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and shall include, but shall not be limited to, requirements for availability of followup and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. A mobile dental unit, or a dental practice using portable dental units, registered and operated in accordance with the board’s regulations and that has paid the fees established by the board, including a mobile dental unit registered for the purpose specified in subdivision (e), shall otherwise be exempt from this article and Article 3.5 (commencing with Section 1658).

(c) A mobile service unit, as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, and a mobile dental unit or portable dental unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article and Article 3.5 (commencing with Section 1658). Notwithstanding this exemption, the owner or operator of the mobile unit shall notify the board within 60 days of the date on which dental services are first delivered in the mobile unit, or the date on which the mobile unit’s application pursuant to Section 1765.130 of the Health and Safety Code is approved, whichever is earlier.

(d) A licensee practicing in a mobile unit described in subdivision (c) is not subject to subdivision (b) as to that mobile unit.

(e) Notwithstanding Section 1625, a licensed dentist shall be permitted to operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Section 1650 as long as both of the following apply:

(1) The licensed dentist’s registered place of practice has been rendered and remains unusable due to loss or calamity.

(2) The licensee’s insurer registers the mobile dental unit with the board in compliance with subdivision (b).

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Amend Section 1049 of Division 10 of Title 16 of the California Code of Regulations to read:

**§ 1049. Mobile and Portable Dental ~~Clinics~~ Units.**

(a) Definitions. For purposes of this Section ~~1657 of the code~~, a ~~“mobile dental clinic” or “mobile dental unit” means any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another.~~ the following definitions shall apply:

(1) “Operator” means the licensed dentist who has registered a mobile or portable dental unit with the Board pursuant to the registration requirements of this Section.

(2) “Routinely” means more than 30 days in any 12-month time period.

(b) ~~Application for Permit.~~ Requirements.

(1) A licensed dentist who wishes to routinely operate a mobile or portable dental unit clinic to provide dental treatment shall apply to the bBoard for a permit by providing evidence of compliance with the requirements of this sSection and paying the fee prescribed in Title 16, Section 1021 of the California Code of Regulations for application for an additional office permit.

~~The board shall inform an applicant for a permit in writing within thirty (30) days whether the application is complete and accepted for filing or is deficient and what specific information is required.~~

~~The board shall decide within 60 days after the filing of a completed application whether the applicant meets the requirements of a permit.~~

~~(c) Requirements.~~

(24) ~~An~~ ~~The~~ applicant for a mobile or portable dental unit permit shall ~~certify that~~ submit an “Application for Mobile or Portable Dental Unit Permit” Form MDC-11 (Revised 06/17), which is hereby incorporated by reference. The applicant shall certify the following:

(A) There ~~is a~~ are written procedures in place for emergency and follow-up care for patients treated ~~in~~ by a licensed dentist operating a ~~the~~ mobile or portable dental unit clinic and that such procedures includes arrangements

for ~~treatment in referral to~~ a dental facility. ~~which is permanently established dentist in the area~~

(B) There is a written agreement or contract with a licensed dentist or dental clinic that is willing to accept patients for emergency care.

~~(BC) The mobile or portable dental unit clinic has access to a telephone communication facilities which will enable the operator thereof to contact necessary parties~~ in the event of a medical or dental emergency.

~~(C) The mobile dental clinic conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation and zoning and the applicant possesses all applicable county and city licenses or permits to operate the unit.~~

~~(D) The driver of the unit possesses a valid California driver's license.~~

(D) A telephone number where patients are able to direct their questions, concerns, or emergency needs. The telephone line shall include a recorded message with information about who to contact in case of a dental emergency. Patients shall have their call returned during business hours.

~~(32) An~~ The applicant and permitholder shall maintain an ~~official business or mailing~~ address of record ~~which~~ that shall be filed with the ~~b~~Board.

(A) The Board shall be notified within 30 days of any change in the address of record.

(B) All written or printed documents available from or issued by a licensed dentist operating the a mobile or portable dental unit clinic shall contain the official telephone number and address of record for the mobile or portable dental unit clinic.

(C) All records shall be maintained at the address of record and available for inspection and copying upon request by representatives of the Board or other person as authorized by state or federal law.

(D) With a signed patient authorization, patient records, including radiographs and any diagnosis and proposed treatment plan, must be provided to the requesting entity within 15 business days pursuant to Health and Safety Code, Section 123110.

(3) Each operator of a mobile or portable dental unit clinic shall:

~~(A) Have ready access to a ramp or lift if services are provided to disabled persons.~~

(~~A~~B) Have [access to](#) a properly functioning sterilization system.

(~~B~~C) Have ~~ready~~ access to an adequate supply of potable water, including hot water.

(~~C~~D) Have ~~ready~~ access to toilet facilities.

(~~D~~E) Have [access to](#) a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(4) Each mobile or portable dental unit shall:

(A) Conform to all applicable federal, state and local laws, regulations, and ordinances dealing with:

(i) disposal of medical waste;

(ii) radiographic equipment;

(iii) flammability;

(iv) construction;

(v) sanitation; and

(vi) zoning.

(B) Have all applicable county and city licenses or permits to operate the unit.

(C) Comply with Title 16, Section 1005 of the California Code of Regulations entitled Minimum Standards for Infection Control.

(D) Comply with Title 16, Section 1065 of the California Code of Regulations relating to the notice of licensure by the Board.

(E) Have an Automated External Defibrillator (AED).

(F) Conform to all applicable statutes and regulations of the California Department of Health Care Services and California Department of Public Health.

(4) Each mobile dental unit shall:



(A) Be driven by a person who has a valid California's Driver License.

(B) Have access to a ramp or lift if services are provided to a disabled person.

(c) Inspection. A mobile or portable dental unit may be subject to inspection by a representative of the Board prior to receiving approval to operate.

(d) Transferability. A permit to operate a mobile or portable dental unit ~~clinic~~ is not transferable.

(e) Renewal. A permit to operate a mobile or portable dental unit ~~clinic~~ expires at the same time as the permitholder's dental license. To renew a permit, ~~I~~the permitholder shall ~~may~~ apply for renewal and ~~shall~~ pay the fee set for renewal of an additional office permit.

(f) Exemptions. In addition to Business and Professions Code, Section 1657 (c), a mobile or portable dental unit operated or sponsored by agencies of the federal, state, or local government, or a Board-approved California Dental School are exempt from the requirements of this Section.

(g) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The operator of a mobile or portable dental unit shall notify the Board in writing within 30 days of any change of licensed personnel associated with the mobile or portable dental unit operation by providing the full name, address, telephone numbers, and license numbers.

(2) The operator of a mobile or portable dental unit shall notify the Board in writing within 30 days of any change to the written procedures for emergency follow-up care for patients treated in the mobile dental unit or with a portable dental unit, including arrangements for treatment in a dental facility.

(h) Identification of Location of Services.

(1) Each operator of a mobile or portable dental unit shall maintain a confidential written or electronic record detailing the following for each location where dental services are provided:

(A) Street address of the service location;

(B) Date of each treatment session;

(C) Names of patients served; and

(D)Categories of dental services provided.

(2) The confidential written or electronic record shall be made available to a representative of the Board within 15 days of any request. Cost for such records shall be borne by the operator of the mobile or portable dental unit.

(3) A licensed dental professional, providing dental services using a mobile or portable dental unit, shall prominently display, in conspicuous view of patients, evidence of his or her California dental license.

(i) Licensed Dentist in Charge. The operator shall be responsible for all aspects of the operation of and the care provided by a mobile or portable dental unit.

(j) Information for Patients.

(1) Before the conclusion of a patient's treatment or services provided at the mobile or portable dental unit, the patient or the patient's parent or legal representative shall be provided with an information sheet. If the patient has provided consent to an institutional facility or dental office to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. A copy of the information sheet shall also be provided to the school or other institution, including, but not limited to a long-term care facility with which the mobile or portable dental unit has a contract or other agreement for care.

(2) The required information sheet shall include the following:

(A) The business and mailing address, contact telephone number, non-emergency contact telephone number, and contact email, for the mobile or portable dental unit.

(B) Name and license number of the licensed dentist and other licensed dental professionals who provided services to the patient.

(C) A consent form that includes the name of the patient's licensed dentist and date of last visit, if known;

(D) The name and contact information of the licensed dentist who has authorized patient treatment when that treatment is provided by a licensed dental auxiliary in accordance with Business and Professions Code Section 1684.5 (c);

(E) A description of the treatment rendered, including Current Dental Terminology (CDT) billed service codes and fees associated with treatment, and tooth numbers when appropriate;

(F) A description of any proposed treatment or findings observed during a screening, assessment, or other form of visual inspection or diagnosis during an examination;

(G) An operator who offers multiple dental services, including diagnostic, preventative, and/or restorative or surgical services shall provide a list to the patient, parent, or legal representative of available procedures, the risks and benefits of each, restorative materials used, and a copy of the required dental materials fact sheet prior to providing services.

(H) Referral information, if necessary, to another licensed dentist as required by this Section;

(I) Instructions on how to pay for services rendered, if applicable; and

(J) A notice, including the Board's contact information, advising patients of their right to contact the Board should the patient believe that an operator or dental professional, operating within the mobile or portable dental unit, has engaged in illegal activities related to his or her professional responsibilities.

(k) Consent for Services.

(1) No dental services including dental examination or disease prevention services shall be performed on a patient without signed, written consent. If a patient is unable to provide direct written consent, such as a minor or person with special needs, a signed, written consent form must be obtained from the patient's parent or legal representative.

(2) An operator who offers only dental disease prevention services, shall list the services provided, clearly state that they are limited to prevention, and advise the patient to seek a comprehensive examination from a licensed dentist.

(l) Patient of Record and Follow-up Treatment Services.

(1) An operator of dental services within a mobile or portable dental unit who collects diagnostic records, including radiographs, shall be considered to have accepted the patient as a patient of record.

(2) An operator of dental services within a mobile or portable dental unit shall meet his or her responsibility for ensuring care to patients of record by arranging for proper follow-up care for treatment provided, and referring for care identified but not provided, to a dentist for dental services.

(3) An operator of dental services within a mobile or portable dental unit shall make documented attempts to follow-up with a patient who fails to appear for

follow-up care or has been referred to another licensed dentist or other licensed health professional for treatment. An operator who fails to meet their patient of record responsibilities shall be considered unprofessional conduct pursuant to Business and Professions Code, Section 1680 subdivision (u).

(m) Cessation of Operation of a Mobile or Portable Dental Unit.

(1) If the mobile or portable dental unit is no longer in service or if the operator discontinues providing dental services through or with a mobile or portable dental unit, the operator shall notify the Board within 30 days of the last day of operation in writing of the final disposition of patient records and charts. Additionally, the operator of a mobile or portable dental unit shall notify all patients of record and preserve all records.

(2) The operator shall make reasonable arrangements with the patient of record for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

(n) Failure to Comply. Failure to comply with the requirements of this Section, state statutes or regulations regulating the practice of dentistry and the operation of a mobile or portable dental unit may subject the operator and all practitioners providing services through a mobile or portable dental unit to disciplinary action by the Board.

Note: Authority cited: Sections 1614 and 1657, Business and Professions Code.  
Reference: Section 1657, Business and Professions Code.



## MEMORANDUM

<b>DATE</b>	January 3, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Allison Viramontes, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6(H):</b> Discussion and Possible Action Regarding an Emergency Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Relating to Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) in Compliance with Assembly Bill 1277 (Daly, Chapter 413, Statutes of 2017)

### **Background:**

Assembly Bill (AB) 1277 (Daly, Chapter 413, Statute of 2017) was signed into law by Governor Brown on October 2, 2017, which also involved infection control. Specifically, AB 1277 requires the Dental Board of California (Board) to amend its regulations on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt final regulations by December 31, 2018.

At the November 2017 Board Meeting, Board staff presented proposed language for the Board's consideration to initiate the emergency rulemaking that reflects the authority granted by AB 1277. However, during this meeting Board members expressed concern over the presented language citing that it would result in unforeseen consequences because the wording presented was all encompassing and would impose a burden to dentists who may invade or expose dental pulp unintentionally. Board staff deferred to the California Dental Association (CDA) representatives, who were present during the meeting, who offered an amendment to address the issue raised by Board members. Mr. Michael Santiago, DCA (Department of Consumer Affairs) Legal Counsel, recommended that the Board adopt the original language which was initially presented at the Board Meeting. The Board unanimously approved the revised language presented by CDA staff.

The Board directed staff to initiate the emergency rulemaking. Board staff drafted the initial emergency rulemaking documents and submitted the documents to DCA Legal Affairs. DCA Legal Affairs expressed concern regarding the Board-approved language and discussed this with the Board's Executive Officer and the Assistant Executive Officer in December 2017. Specifically, DCA Legal Affairs was concerned that DCA

would not approve the language, and thus the Board could not move forward, because the language would not meet Office of Administrative Law's (OAL) review standard.

According to Business and Professions Code (Bus. & Prof. Code), Section 1601.6, the Board "shall amend its infection control regulations to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial **properties when performing dental procedures that expose dental pulp**" (emphasis added). At the November 2017 Board meeting, the Board approved the following regulatory language, "Water or other methods used for irrigation shall be sterile or contain recognized disinfecting or antibacterial properties when performing procedures **on exposed dental pulp**." (emphasis added).

DCA Legal has advised Board staff that Bus. & Prof. Code, Section 1601.6 is quite clear in directing the Board to amend its infection control regulations and specifically sets forth what the Board is required to place in those regulations. By changing the phrase "performing dental procedures that expose dental pulp," to "performing procedures on exposed dental pulp," the Board is not adhering to the requirement in Bus. & Prof. Code, Section 1601.6. The language the Board approved is narrower than the statutory requirement. Thus, OAL would most likely question the Board's authority to proceed with its amendment to its infection control regulations regarding water and other methods used for irrigation.

Therefore, Board staff is presenting amended proposed language at this February meeting for the Board's consideration to continue the emergency rulemaking process that reflects the authority granted by AB 1277.

**Action Requested:**

Pursuant to Government Code 11346.1, adopt the amended proposed regulatory language relative to minimum standards for infection control and direct staff to take all steps necessary to continue the emergency rulemaking process, including noticing the proposed language for 5-days, and authorizing the Executive Officer to make any non-substantive changes to the emergency rulemaking package before completing the emergency rulemaking process.

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Amend Section 1005 and 1023.7 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

**§ 1005. Minimum Standards for Infection Control.**

(a) Definitions of terms used in this section:

(1) “Standard precautions” are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) “Critical items” confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) “Semi-critical items” are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) “Non-critical items” are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) “Low-level disinfection” is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) “Intermediate-level disinfection” kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) “High-level disinfection” kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) “Germicide” is a chemical agent that can be used to disinfect items and

surfaces based on the level of contamination.

(9) “Sterilization” is a validated process used to render a product free of all forms of viable microorganisms.

(10) “Cleaning” is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) “Personal Protective Equipment” (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

(12) “Other Potentially Infectious Materials” (OPIM) means any one of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

(13) “Dental Healthcare Personnel” (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).



(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

#### Personal Protective Equipment:

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

#### Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

#### Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

#### Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

#### Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam

under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(18) Water or other methods used for irrigation shall be sterile or contain recognized disinfecting or antibacterial properties when performing procedures that expose dental pulp.

(19) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

~~(1920)~~ If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

~~(2021)~~ Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after

each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

(~~21~~22) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(~~22~~23) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

#### Lab Areas:

(~~23~~24) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(~~24~~25) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.



## MEMORANDUM

<b>DATE</b>	January 25, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen Fischer, Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 7:</b> Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry-Schools Response to Deficiencies Outlined by the Dental Board of California

The Dental Board of California (Board) granted a two-year provisional approval to the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry on December 2, 2016.

Provisional approval was granted by the Board upon the Site Visit Team’s finding that the institution’s dental education program was substantially in compliance with the required educational standards found in CCR Section 1024.1, with the exception of two standards:

1. **CCR Institutional Standards Section 1024.1 (c)(6), and**
2. **CCR Institutional Standards Section 1024.1 (c)(8)**

In June 2017, the School presented documents to the Board as evidence to support compliance with deficiencies identified by the Site Visit Team. This information was distributed to the three dentist members of the Site Visit Team (Dr. Octavia Plesh, Dr. Timothy Martinez, and Dr. Steven Morrow) for review. The Site Visit Team determined that the Competency Assessment Forms and Grade Sheets provided to the Board adequately demonstrate that the dental education program is designed to ensure that graduates are, at a minimum, competent in providing all types of oral health care identified in **CCR Institutional Standards 1024.1 (c)(6)**. However, the absence of data resulting from the implementation of these Competency Assessment Forms and Grade Sheets failed to provide evidence to support compliance with the need to “employ student evaluation methods that measure the defined competencies” which is required for compliance with **CCR Institutional Standards Section 1024.1 (c)(8)**. The School was notified (July 20, 2017) of the continued deficiency.

In October 2017, the School submitted data in response to the continued deficiency outlined in the July 20, 2017 Board correspondence. Dr. Steven Morrow and the Board’s Executive Officer reviewed the data and determined that it did not correlate to

the Competency Assessment Forms and Grade Sheets the School had provided to the Board in June 2017. In addition, the data submitted only addressed twelve of the fourteen areas identified in CCR Section 1024.1(c)(6).

In a letter to the Rector dated November 15, 2017, the School was notified that in order for the Board to continue to analyze the data, we were requesting that the School submit all of the completed Assessment Forms and Grade Sheets for each of the fourteen competencies that were used to assess competency of twenty students, whose names were randomly selected by board staff as a representative sample for the purpose of evaluating compliance with the institutional standards.

The School responded immediately (December 4, 2017), forwarding the data as requested. The data was evaluated by the three member Site Visit Team; the consensus of which is that the documentation does not justify compliance with CCR Institutional Standards Section 1024.1(c)(8) for the following reasons:

1. Copies of the completed competency assessment/grade forms that were sent for 13 of the 20 randomly selected students were in another language other than English. Therefore, we are unable to determine what assessment form/grade sheets were used.
2. The copies of the assessment forms and grade sheets that were in English (7 students) were of poor quality and difficult to read.
3. There are no assessment forms for pediatric or geriatric patient care even though they submitted blank forms for assessment of treatment for these populations.
4. Copies of the completed assessment forms/grade sheets are not always the same as the blank sample forms that we were previously sent.

The School will be notified of these deficiencies and afforded an opportunity to respond.

**Action Requested:**

None at this time



## MEMORANDUM

<b>DATE</b>	January 15, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jeri Westerfeld Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 8:</b> Presentation regarding the <i>Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies</i>

**Background:**

Ms. Linda Schneider, Senior Assistant Attorney General, will give a verbal report regarding the *Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies*. Following is the link to the report:  
<https://oag.ca.gov/sites/all/files/agweb/pdfs/publications/civillaw/accusations-prosecuted-DCA-client-agencies-01012018.pdf> .

**Action Requested:**

No action requested.

## Dental Board of California

The Dental Board of California regulated 97,139 licenses and 17,380 permits in Fiscal Year 2015-16 with 16 license and permit types. Most complaints received by the Board are investigated by the Board's own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. The tables below show data for Fiscal Year 2016-17.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	83
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	12
(4) accusation matters for which further investigation was received by the Attorney General.	10
(5) accusations filed.	93
(6) accusations withdrawn.	6
(7) accusation matters adjudicated by the Attorney General.	113

The statistics reported in Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	153	139	105	105
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	228	219	67	7
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	363	307	248	80
(4) from the filing of an accusation to when a default decision is sent to the agency.	116	68	99	13
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	182	132	157	32
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	295	198	255	8





## MEMORANDUM

<b>DATE</b>	January 25, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen Fischer, Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 10: Executive Officer's Report</b>

### **A. Staffing Update – Vacancies and New Hires as of February 1, 2018**

#### **OPERATIONS DIVISION**

##### **Executive Office ~ currently fully staffed**

**New Request (pending):** Attorney III (2 year Limited Term Blanket Position) submitted for review and determination.

##### **Administration Unit ~ currently fully staffed**

##### **Licensing & Examination Unit ~ 1 vacancy**

Staff Services Analyst (SSA) – Perm/FT; previous incumbent accepted a promotion within the Board with separation date of 11/30/17 and recruitment has been initiated.

##### **Recently hired:**

Associate Governmental Program Analyst (AGPA) – Perm/FT effective 12/01/17

Staff Services Analyst (SSA) – Perm/FT effective 12/13/17

##### **Dental Assisting Program ~ currently fully staffed**

##### **Recently hired:**

Staff Services Manager I (SSM I) – 2 year Limited Term/FT effective 01/01/18

Associate Governmental Program Analyst (AGPA) – Perm/FT effective 01/16/18

Management Service Technician (MST) – Perm/FT effective 12/07/17

Management Service Technician (MST) – Perm/FT effective 12/11/17

#### **ENFORCEMENT DIVISION**

##### **Executive Office ~ currently fully staffed**

##### **Complaint & Compliance Unit ~ currently fully staffed**

##### **Discipline Coordination Unit ~ currently fully staffed**

##### **Investigative Analysis Unit ~ currently fully staffed**

**Sacramento Field Office ~ currently fully staffed****Recently hired:**

Investigator (INV) – Perm/FT effective 01/16/18

**Orange Field Office ~ 2 vacancies**

Investigator (INV) – Perm/FT; previous incumbent separated as of 08/07/16 and recruitment has been initiated and conducted with a candidate in backgrounds.

Special Investigator (SP INV) – Perm/FT; current incumbent accepted a promotion with another agency with a separation date of 08/01/17 and recruitment has been initiated.

**Total number of hires/separations since November 1, 2017:**

Hires – 7

Separations – 0

**B. Board Vacancies**

The Board is composed of 15 members: eight practicing dentists, one registered dental hygienist (RDH), one registered dental assistant (RDA), and five public members. The dentists, RDH, RDA, and three public members are appointed by the Governor. Of the remaining two public members, one is appointed by the Speaker of the Assembly and one by the Senate Rules Committee. Public membership accounts for a third of the composition of the Board. Of the eight practicing dentists, one must be a member of the faculty of any California dental school, and one is required to be a dentist practicing in a nonprofit community clinic.

Currently there are five Governor appointed vacancies: two dentists, one RDH, one RDA, and one public member. Dr. Steven Morrow began serving his grace year on January 1, 2018. He is eligible for an additional four year term and has expressed his interest to continue to serve to the Governor's Office.

The Governor's Office is working to fill these vacancies.

**C. Form 700 – Statement of Economic Interests**

The Department of Consumer Affairs' (DCA) [Conflict of Interest \(COI\) Regulations](#) designates your position as being required to file a Statement of Economic Interests (Form 700). Designated filers are required to submit the Form 700 annually. The exception is if a filer assumed office between October 1, 2017, and December 31, 2017, and filed an assuming office statement, the filer is not required to file an annual statement until April 1, 2019.

This year's annual filing period covers the prior calendar year (January 1, 2017, through December 31, 2017). The filing deadline for this year is Monday, April 2, 2018. You may file your annual statement any time between now and the filing deadline; however, we are requesting everyone complete the e-filing by Monday, March 26, 2018, to ensure compliance. You are required to file even if you do not have any reportable interests.

The DCA utilizes the electronic filing system, NetFile, for e-filing Form 700s. Online filing is available 24/7 from any computer with internet access. NetFile will save you time, ensure required data is complete and eliminate the need for filing technical

amendments. Moreover, all data is saved for future filings. You will not need to print, sign or mail your Form 700. Once online filing is completed, no further action is required.

**HOW TO FILE:** Access the [NetFile Filing Portal](#) user log-in page. If you have forgotten your NetFile password, click on “Lost Your Password?” (under the “Password” box) to receive a unique password via e-mail. You will need to use the same e-mail address used to receive this notification. Each page contains links to various types of documentation including, printable portable document format (pdf) help files and video tutorials. Filers are encouraged to use their business contact information on the Form 700. Please remember that the Form 700 is a public document and will be disclosed upon request.

For filers who have nothing to disclose, i.e., no reportable interests; and are only filing for one department and one position, you may use NetFile's smart device application to make your filing instead of filing from your computer. For an iPhone or iPad, download the app from iTunes. For an Android phone or tablet, download the app from Google Play. Visit <https://netfile.com/content/mobileapps> for direct links to download the application and further information about using NetFile's mobile application on Android and Apple devices.

**LATE PENALTY:** In accordance with [Government Code section 91013](#), any person who files a Form 700 after the deadline (April 2, 2018) becomes liable in the amount of \$10 per day, up to a maximum of \$100. In addition, if a filer does not file timely and is referred to the Fair Political Practices Commission's (FPPC) Enforcement Division, a fine of up to \$5,000 per violation may be imposed.

For any questions regarding filing requirements, please contact the Fair Political Practices Commission at 1-866-ASK-FPPC (1-866-275-3772) Monday through Thursday 9:00am - 11:30am. For questions regarding the NetFile application or program, contact NetFile via e-mail [filerhelp@netfile.com](mailto:filerhelp@netfile.com). For any other questions, please contact Jeri Westerfeld at the Dental Board (916) 263-2212 or the DCA COI Filing Officer, Jill Johnson, at (916) 574-8312 or via e-mail at [jill.johnson@dca.ca.gov](mailto:jill.johnson@dca.ca.gov).

#### **D. National Board Update**

In 2009, in keeping with its strategic plan for the future, the Joint Commission on National Dental Examinations (Joint Commission) agreed to create a new examination that would integrate the basic, behavioral, and clinical sciences to assess entry level competency in dentistry. The Integrated National Board Dental Examination (INBDE) would be designed to assist state boards of dentistry in evaluating candidates for dental licensure, and would eventually replace the current National Board Dental Examination (NBDE) Parts I and II. The INBDE is currently in development and will be available for administration on August 1, 2020, with full replacement of the National Board Dental Examination (NBDE) scheduled to occur by August 1, 2022.

To best prepare for the upcoming changes to the National Dental Examination program, the Joint Commission recommends dental boards undertake the following activities to learn about the INBDE and prepare to use it in licensure decision making:

- Prepare to accept candidates who have successfully completed the National Boards – INBDE or NBDE Parts I and II.
- Prepare to receive INBDE results on the first day of its availability. Consider whether any modification to practice acts, rules, policies, or procedures will be required.
- Review INBDE validity evidence and the results of field testing as these studies occur.
- Communicate information concerning the acceptability of the INBDE to future licensure candidates.

This information is being referred to the Board's Examination Committee for review and comment at a future meeting.

#### **E. Dental Therapist/Mid-Level Providers**

I received information that the Dental Hygiene Committee of California (DHCC) was notified by a researcher with the Pew Charitable Trusts, asking about submitting a pilot project proposal to the Health Workforce Program (HWPP) at the Office of Statewide Health Planning and Development (OSHPD) relating to dental therapists. Since the profession of "dental therapist" is not recognized in California, it is unlikely that a pilot program could be initiated.

I also received information that Arizona is considering statutory language to amend the Dental Practice Act to establish licensure and scope of practice for dental therapists. These mid-level providers currently are utilized in Alaska, Minnesota, and Oregon. Washington State, Vermont, Maine and other states are currently considering dental therapy legislation. Additional information will be provided to the Board at a future meeting.

#### **F. ADEA Statistics**

The American Dental Education Association (ADEA) published its "Snapshot of Dental Education 2017-2018". A few of the keys statistics reported include:

- Well over a third of dental school graduates have a total educational debt under \$200,000 (includes educational debt incurred before and during dental school)
- Almost half of dental school graduates directly enter private practice, although corporate-owned group practices are growing in popularity.
- Interest in advanced dental education is strong, particularly in general dentistry.
- The dental student population is becoming more diverse.
- The pathways to licensure are widening – increasing portability.

A copy of the full report can be found at the following link:

**<http://www.adea.org/snapshot/>**

#### **G. Committee Assignments**

Incoming Board President Dr. Tom Stewart made his Committee assignments at the first of the year. A list of Dental Board Committees and member assignments can be found on the Board's website: [http://www.dbc.ca.gov/about\\_us/committees.shtml](http://www.dbc.ca.gov/about_us/committees.shtml)

## **H. Sunset Review**

The Board will be submitting its Sunset Review Report to the Legislature by the end of the year. Although we have not yet received the formal notification from the Oversight Committees, staff is beginning to compile the data (based on past reporting) that will be required in the report. The remainder of the board meetings scheduled this year will be focused on issues that have been addressed in the previous sunset review report and identification of new issues that will need to be addressed. Stay tuned.

## **I. Update regarding Renewal of Board Approval for University DeLaSalle Bajio School of Dentistry in Mexico**

On June 30, 2017 and upon their request, Drs. Whitcher and Morrow and I met in Sacramento with representatives from the University De La Salle Bajio School of Dentistry: Dr. Jorge Triana Estrada – Dental School Dean and his assistant Maria Alicia Medina Vargas; and Missy Johnson of Nielsen Merksamer. The purpose of the meeting was for the new Dental School Dean, Dr. Triana, to meet Drs. Whitcher and Morrow, to update the Board on De La Salle's CODA application, and to inquire about the process for the school's renewal of the Dental Board's approval. The University De La Salle Dental School received initial Board approval in 2005, re-approval in May 2012, and will need to renew that approval within seven years and before May 2019.

Dr. Triana indicated that for the last three years the school has been going through the CODA approval process. In the Fall of 2017, the school underwent a second site visit by CODA; the results of which are anticipated to be final by Summer 2018. We discussed the Board's renewal process and indicated that if the school receives CODA approval, that the Board approval will no longer be necessary. In an effort to leave nothing to chance, De La Salle representatives are preparing the documentation for Board re-approval simultaneously while going through the CODA process. The school has indicated that it will be sending the renewal package to the Board by the end of February 2018. Board President, Dr. Stewart, has appointed Drs. Huong Le and Steven Morrow to serve as the subcommittee which will review the documentation when it is received.

## **J. DHCC Sunset Review**

I attended the Dental Hygiene Committee of California (DHCC) meeting on November 17-18, 2017 in Sacramento. The Committee's draft sunset review report was discussed and approved for submittal to the Legislature by December 1, 2017.

Some of the prior and new issues the report addresses include:

- Name change to the Dental Hygiene Board of California
- Additional staff to be utilized for continuing education review, licensing, enforcement, and educational programs
- Additional office space
- Remove practice restrictions for dental hygienists working without supervision in public health setting
- Remove the prescription requirement for the RDHAP
- Provide statutory language for the DHCC to place dental hygiene programs on probation and/or cite and fine educational programs that are in violation of the state law, CODA accreditation standards, and/or infection control regulations

- Provide authority to repeal BPC Section 1966-1966.6 relating to a Diversion Program for licensees needing rehabilitation due to alcohol or substance misuse
- Payment for services rendered
- Alternative licensure options

For those interested in learning more about these issues within the DHCC report, please access the DHCC website. [http://www.dhcc.ca.gov/formspubs/sunset\\_2018.pdf](http://www.dhcc.ca.gov/formspubs/sunset_2018.pdf)

Board staff recommends that the Board review this information after the Sunset Review Committee distributes its report/recommendations and proposes statutory language.

**K. AB 508 (Santiago), Chapter 195, Statutes of 2017 - Health Care Practitioners; Student Loans**

Effective January 1, 2018, BPC Section 685 is repealed. Healing arts boards are no longer authorized to cite and fine licensees, deny renewal of an existing license, or deny initial licensure to applicants for defaulting on certain healthcare related student loans. Between 2012 and 2017 the Board issued five citations for defaults.

**L. SB 796 (Hill), Chapter 600, Statutes of 2017- Uniform Standards; Naturopathic Doctors Act: Respiratory Care Practice Act**

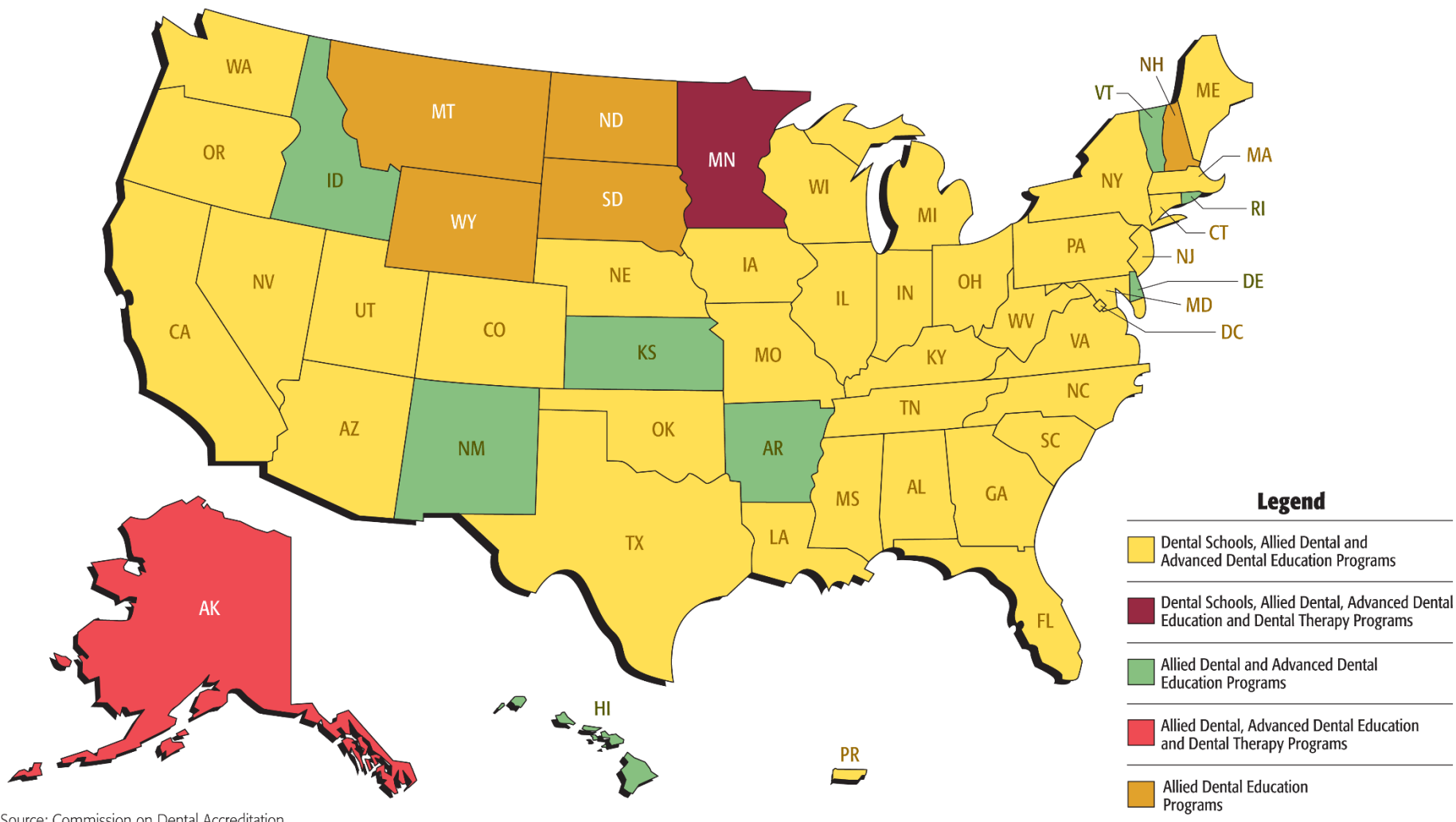
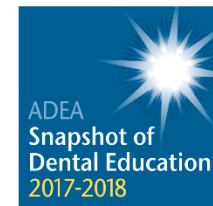
Effective January 1, 2018, BPC Section 315 requires the Department of Consumer Affairs to re-establish its Substance Abuse Coordination Committee comprised of executive officers of the healing arts boards for the purpose of reviewing the existing criteria for those standards governing all aspects of required testing to determine whether the existing criteria should be updated to reflect recent developments in testing research and technology. This review is required to be complete by January 1, 2019.

ADEA  
**Snapshot of  
Dental Education  
2017-2018**



# The Dental Safety Net Covers the Country

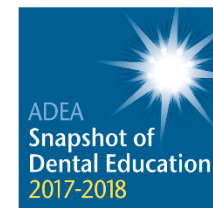
IN ADDITION TO DENTAL SCHOOLS, ALLIED DENTAL EDUCATION, DENTAL THERAPY AND ADVANCED DENTAL EDUCATION PROGRAMS ARE PART OF THE DENTAL SAFETY NET IN THE UNITED STATES. EACH STATE HAS ITS OWN NETWORK OF ACADEMIC INSTITUTIONS.



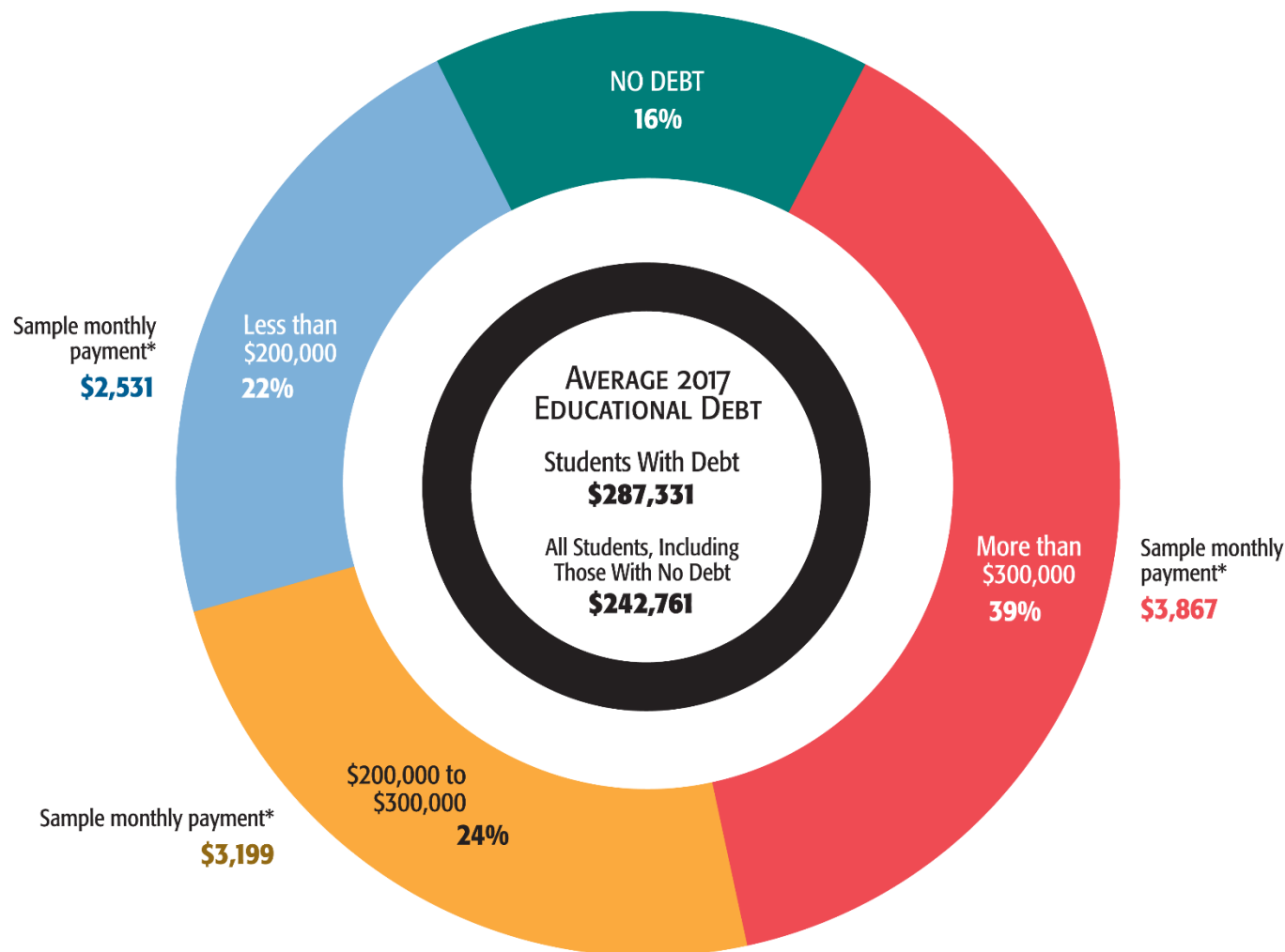
Source: Commission on Dental Accreditation



# Well Over a Third of Dental School Graduates Have Total Educational Debt Under \$200,000



THIRTY-EIGHT PERCENT OF DENTAL STUDENTS GRADUATE WITH LESS THAN \$200,000 IN EDUCATIONAL DEBT. TOTAL EDUCATIONAL DEBT IS THE SUM OF EDUCATIONAL DEBT INCURRED BEFORE AND DURING DENTAL SCHOOL.



\*Standard 10 year (120 level payments)

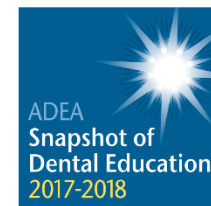
Assumptions for sample monthly payments: Sample payments based on amounts of \$300,000, \$250,000 and \$200,000 on a Standard 10 year loan (120 level payments) • \$162,000 direct unsubsidized, remainder direct PLUS (Grad PLUS) • Six-month "window" period (grace period for direct unsubsidized loans, post-enrollment deferment for direct PLUS) after graduation • No voluntary or aggressive payments, and loans "held to term" (entire repayment period used) • Appropriate interest rates based on academic year loans disbursed for Class of 2017 • Repayment numbers run with AAC/ADEA Dental Loan Organizer and Calculator

Note: The repayment amounts under this basic repayment plan are not based on income, they are straight amortization schedules based solely on amount borrowed, interest rate and repayment term. Payments may vary each year due to changes in the interest rates. There are a number of income-driven repayment plans designed to help borrowers who cannot initially afford repayment under this and other time-driven plans, and whose repayment amounts are based on income and family size.

Source: American Dental Education Association, Survey of Dental School Seniors, 2017 Graduating Class

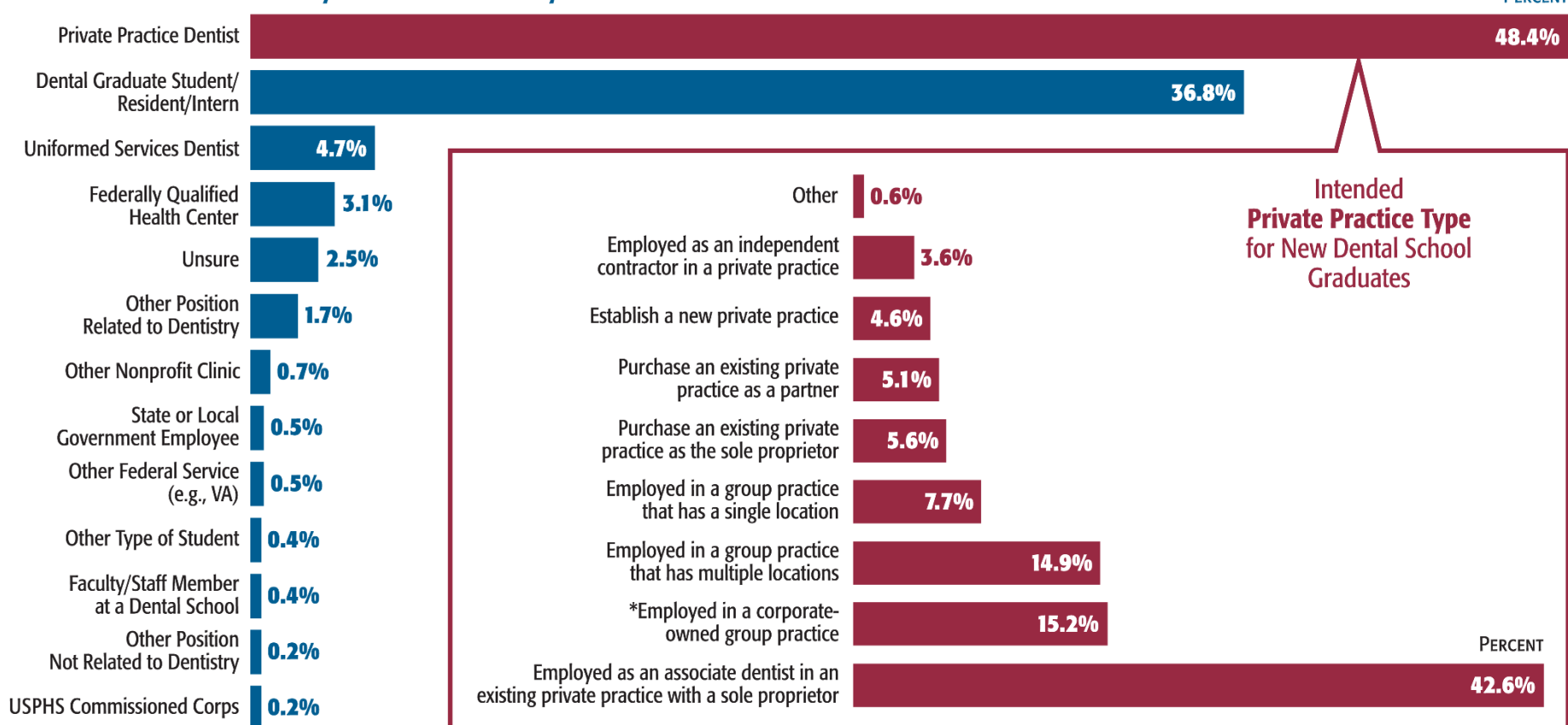
Note: Percentages may not add up to 100% due to rounding.

# Almost Half of Dental School Graduates Directly Enter Private Practice



ALMOST HALF OF DENTAL SCHOOL GRADUATES IN THE CLASS OF 2017 DIRECTLY ENTERED PRIVATE PRACTICE, ALTHOUGH CORPORATE-OWNED GROUP PRACTICES ARE GROWING IN POPULARITY.

## Intended **Primary Professional Activity** for New Dental School Graduates

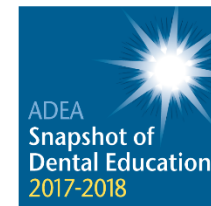


\* In 2015, the question structure regarding employment in a corporate-owned group practice changed from "Select All That Apply" to "Select Only One." As such, results prior to 2015 cannot be compared with results in 2015 and later.

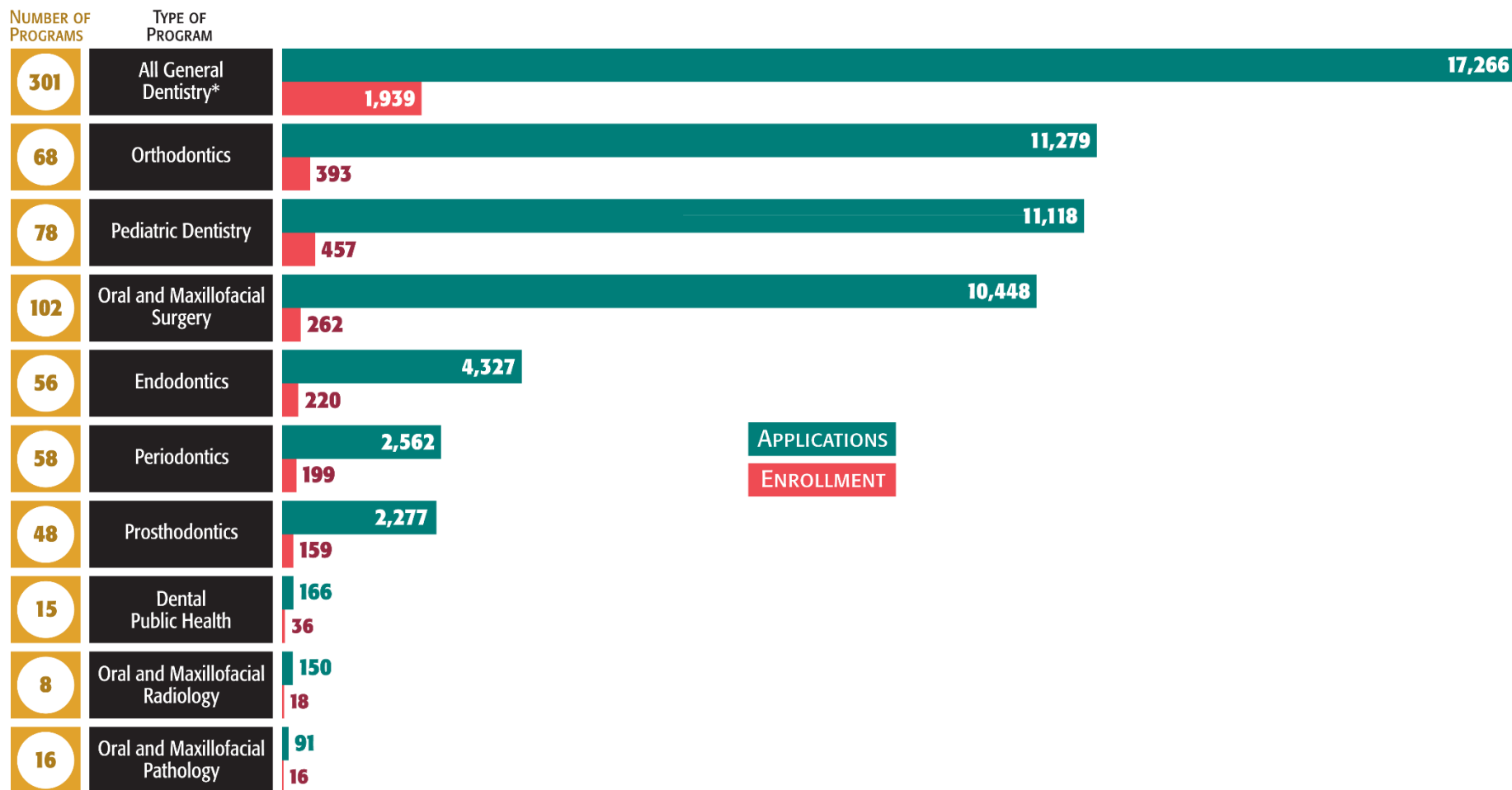
Note: Percentages may not add up to 100% due to rounding.

Source: American Dental Education Association, Survey of Dental School Seniors, 2017 Graduating Class

# Interest in Advanced Dental Education Is Strong



DENTAL STUDENTS VALUE THE ADDITIONAL SKILLS GAINED IN ADVANCED DENTAL EDUCATION PROGRAMS, PARTICULARLY IN GENERAL PRACTICE AND GENERAL DENTISTRY. APPLICATION FIGURES ARE FOR THE 2016-17 ACADEMIC YEAR AND REPRESENT THE TOTAL NUMBER OF APPLICATIONS SUBMITTED BY ALL PROGRAMS, AND COUNTS APPLICANTS MORE THAN ONCE IF THEY APPLIED TO MULTIPLE PROGRAMS.

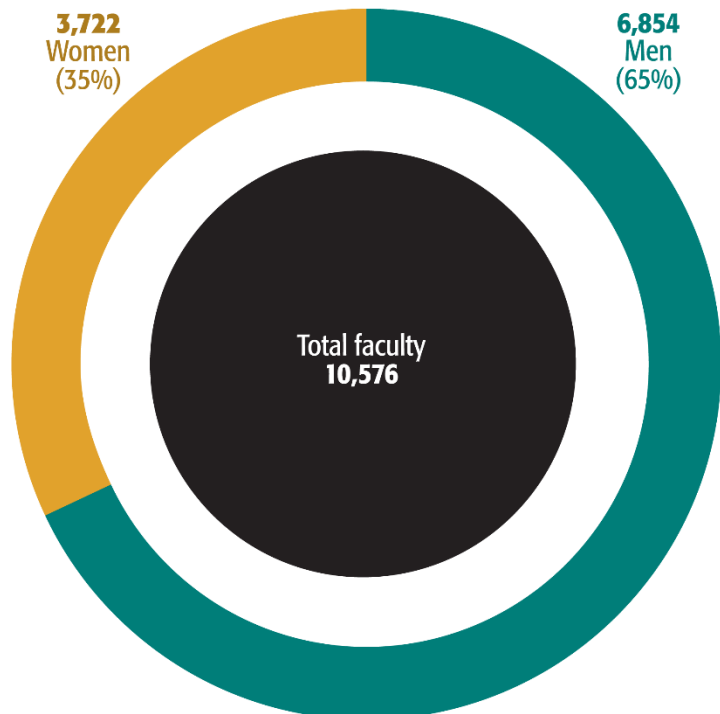


\*All General Dentistry includes General Practice Residency, Advanced Education in General Dentistry, Dental Anesthesiology, Oral Medicine, and Orofacial Pain.  
Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Advanced Dental Education

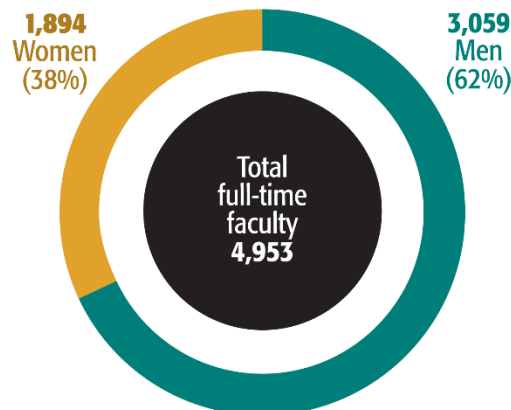
# Percentage of Women on Dental School Faculties Continues to Rise

IN THE 2015-16 ACADEMIC YEAR, THE PERCENTAGE OF PART-TIME OR FULL-TIME WOMEN FACULTY MEMBERS INCREASED IN ALMOST EVERY AGE CATEGORY FROM THE PREVIOUS ACADEMIC YEAR.

GENDER DISTRIBUTION OF ALL FACULTY



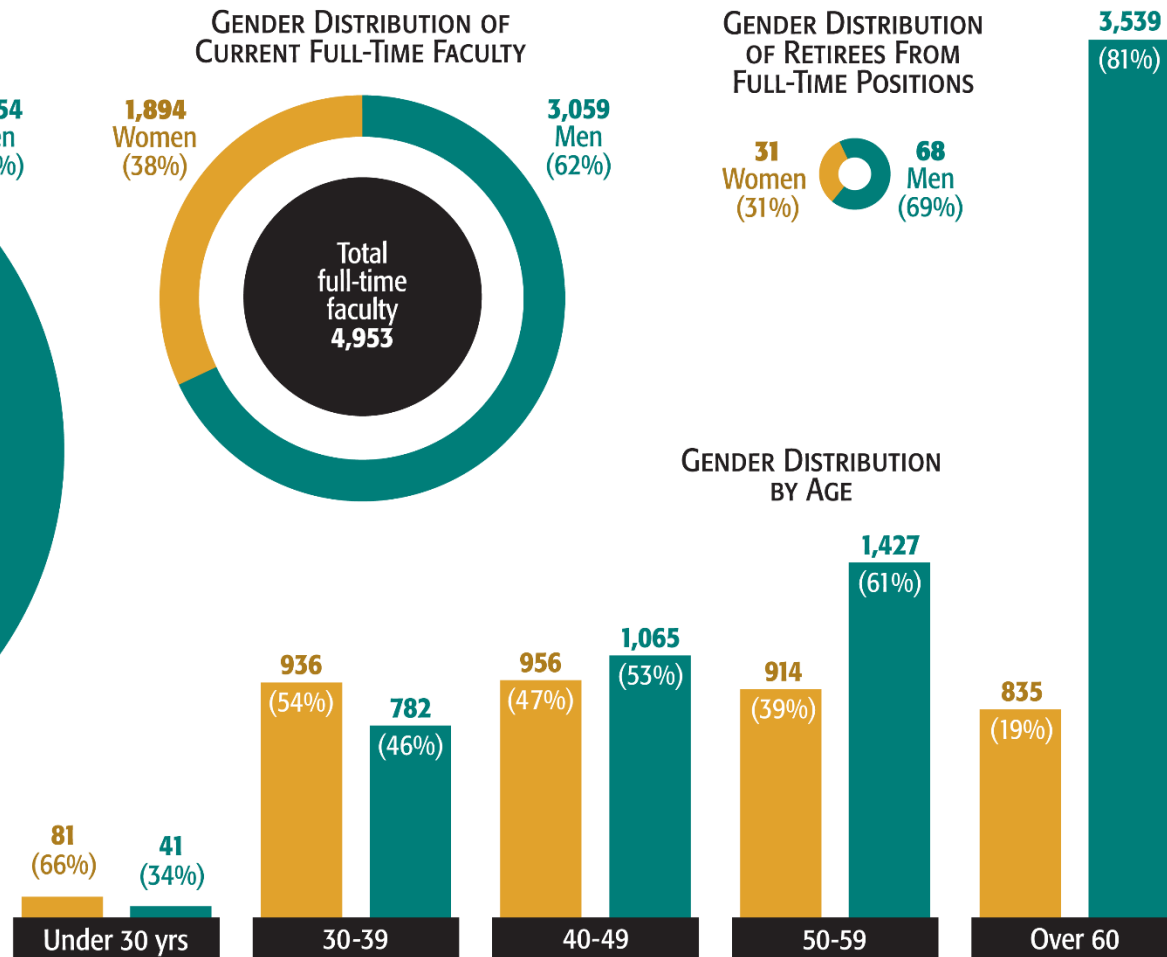
GENDER DISTRIBUTION OF CURRENT FULL-TIME FACULTY



GENDER DISTRIBUTION OF RETIREES FROM FULL-TIME POSITIONS



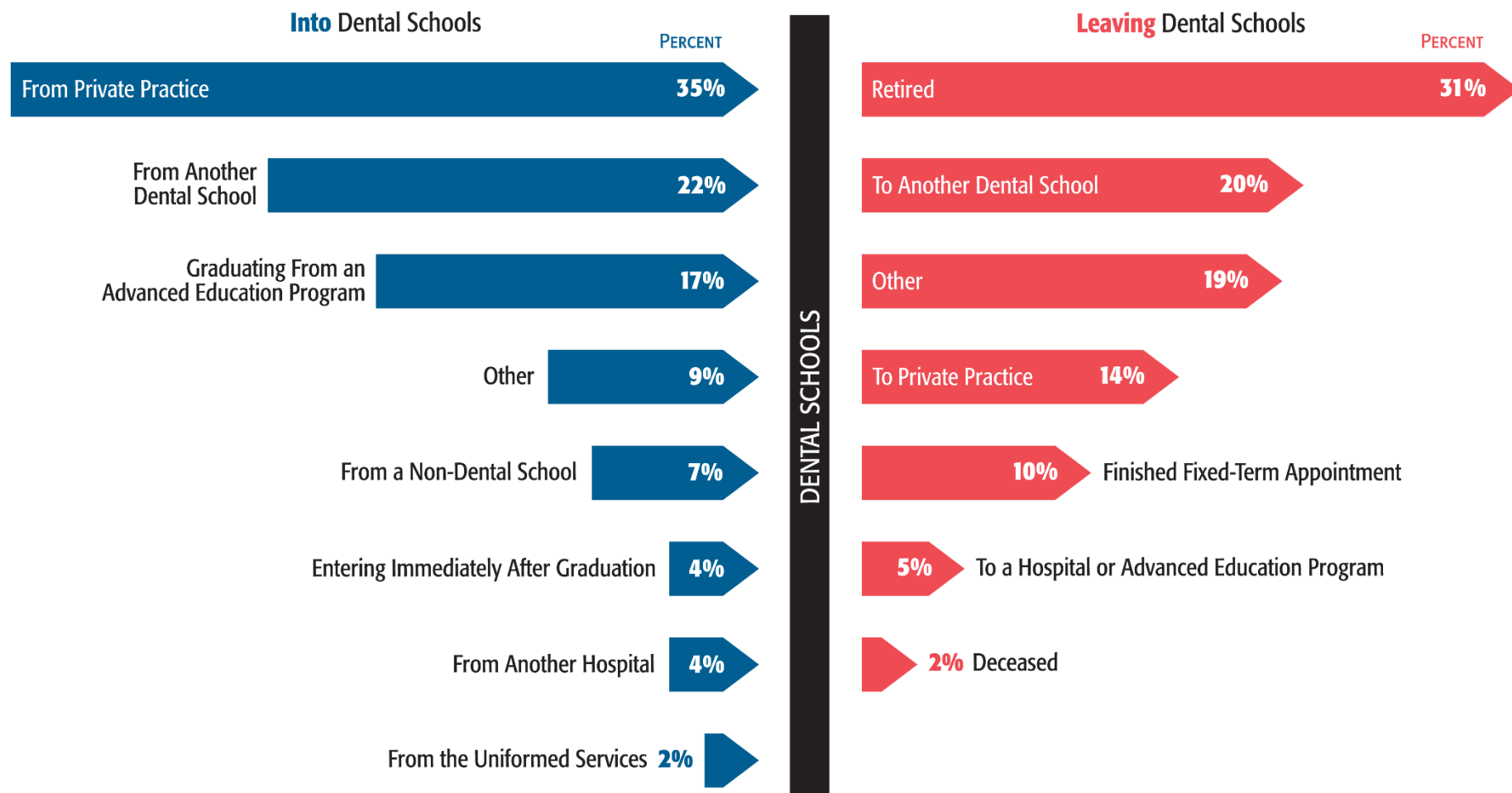
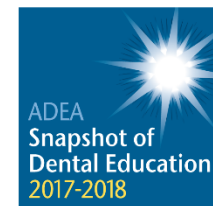
GENDER DISTRIBUTION BY AGE



Note: Faculty included are full time or part time unless otherwise indicated; voluntary faculty are not included.  
Source: American Dental Education Association, Survey of Dental School Faculty, 2015-16

# Full-Time Faculty: Where They Come From and Where They Go

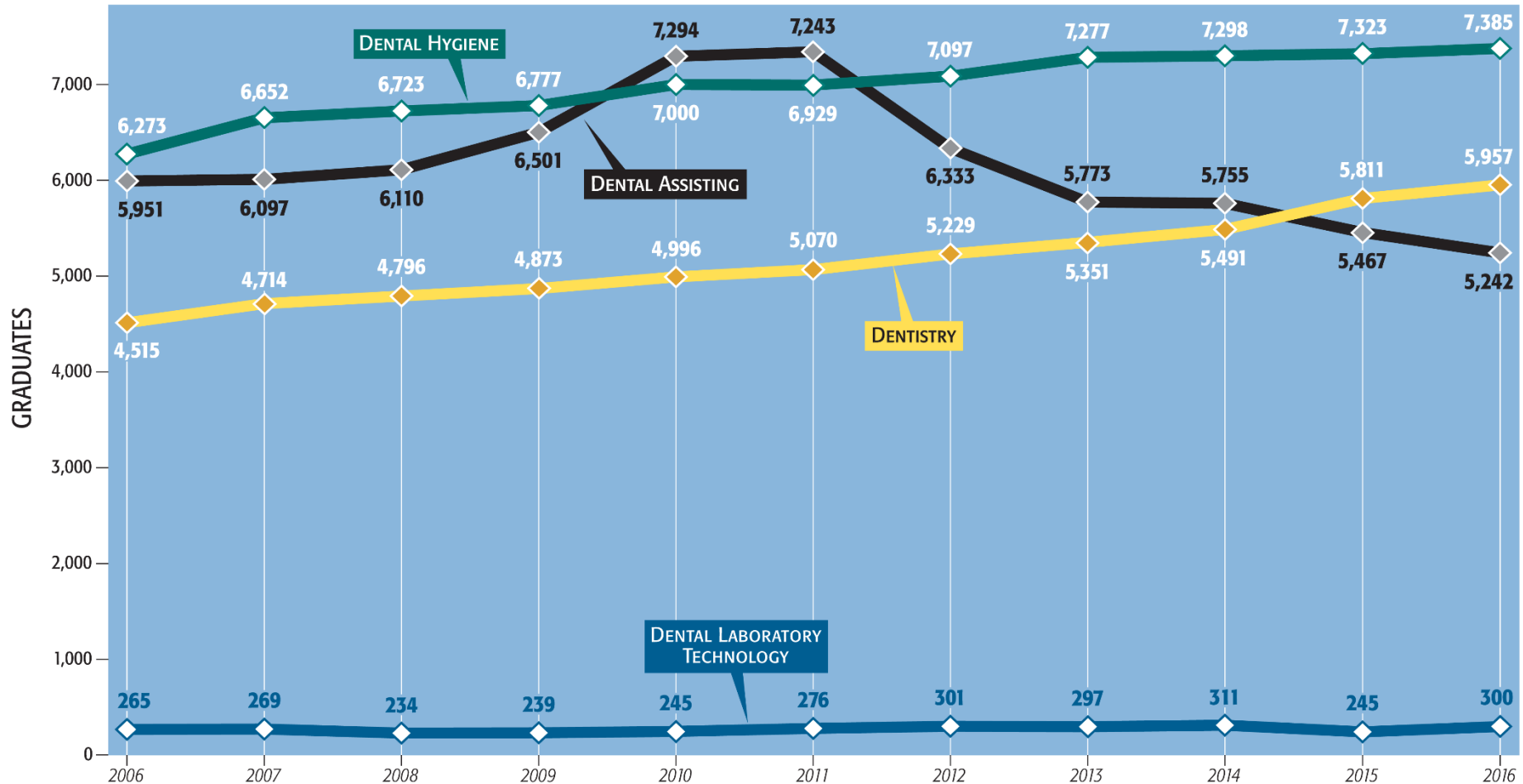
A LARGE PORTION OF NEW FACULTY COME INTO ACADEMIC DENTAL INSTITUTIONS FROM PRIVATE PRACTICE OR ANOTHER DENTAL SCHOOL, OR THEY ARE RETIRING FROM PRACTICE.



Note: 2015-16 academic year. Percentages may not add up to more than 100% due to rounding.  
Source: American Dental Education Association, Survey of Dental School Faculty, 2015-16

# Are There Enough Dental Graduates?

In 1977, the U.S. population was 220 million, and there were 5,177 dental school graduates (or 2.4 dental school graduates per 100,000 people). In 2016, the U.S. population grew to 323 million, with 5,957 dental school graduates (or 1.8 dental school graduates per 100,000 people). At the same time, there have been fluctuations in the number of graduates from other dental professions.

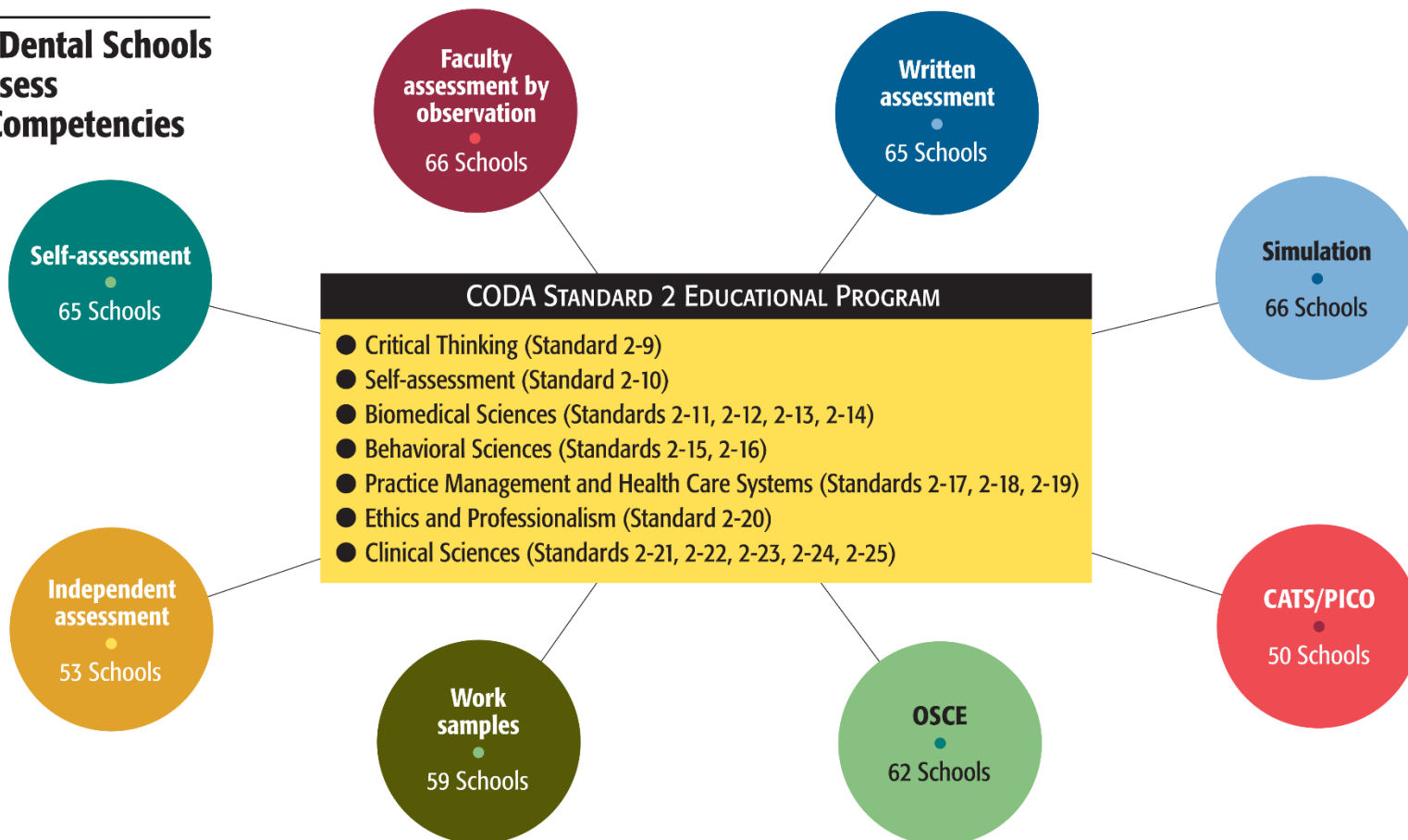


Source: American Dental Association, Health Policy Institute, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Surveys of Dental Laboratory Technology Education Programs, and Surveys of Dental Education.

# Dental Schools and CODA Play Key Roles in Assessing Dental Student Competencies

CODA STANDARDS SPECIFY THAT ACADEMIC DENTAL INSTITUTIONS MUST USE STUDENT EVALUATION METHODS THAT MEASURE THEIR DEFINED COMPETENCIES. "The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills, but also assess the process and procedures which will be necessary for entry-level practice." (CODA STANDARD 2-5)

## Methods Dental Schools Use to Assess Student Competencies

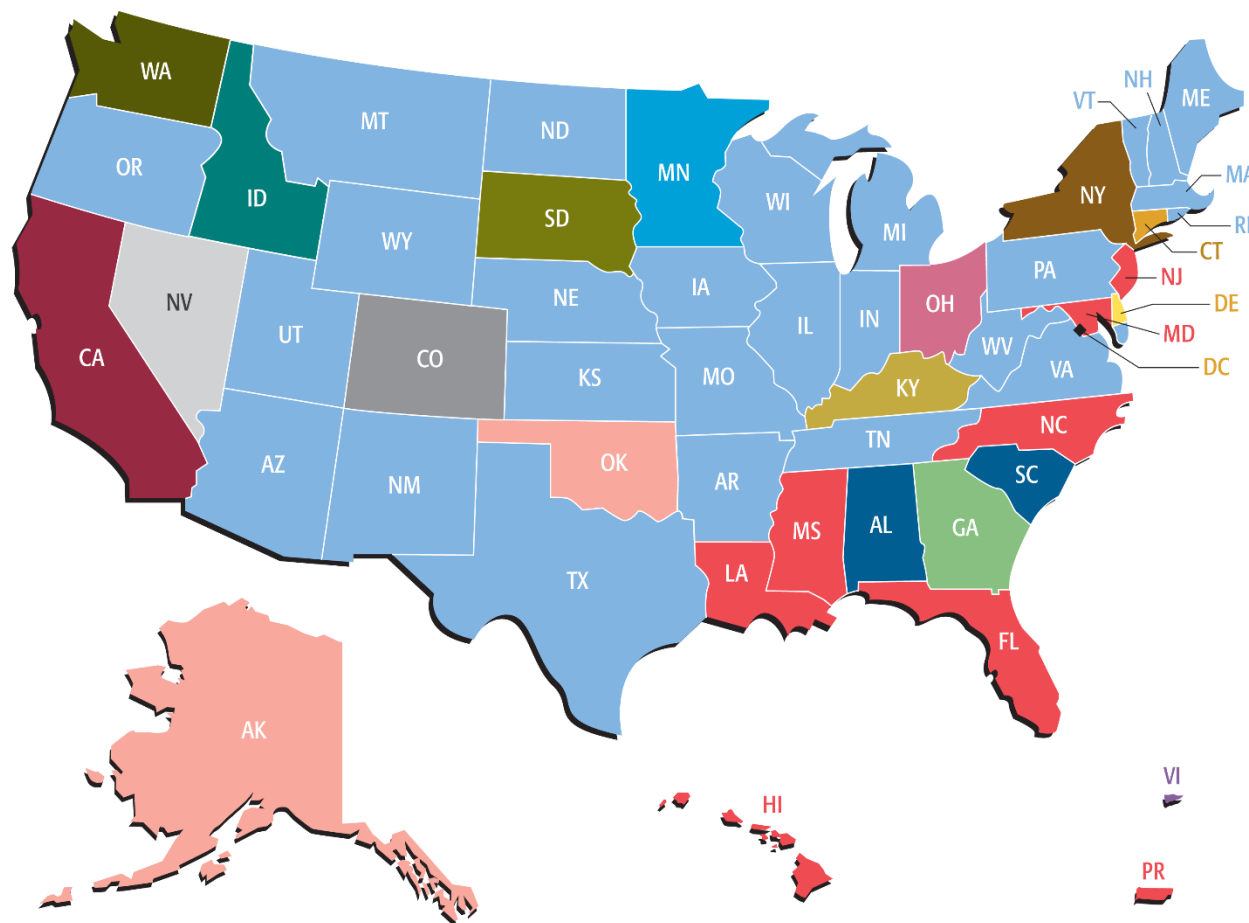


Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education: Group IV - Curriculum



# The Pathways to Licensure Are Widening: Increasing Portability

SIMILAR TO THE CLIMATE CHANGE ISSUE, AFTER YEARS IF NOT DECADES OF DISCUSSION BUT LITTLE CHANGE, WE ARE AT A POINT WHERE THE REALITY OF THE NEED TO ADDRESS THE ISSUE OF PORTABILITY OF INITIAL LICENSURE AND LICENSURE BY CREDENTIALS HAS HIT.



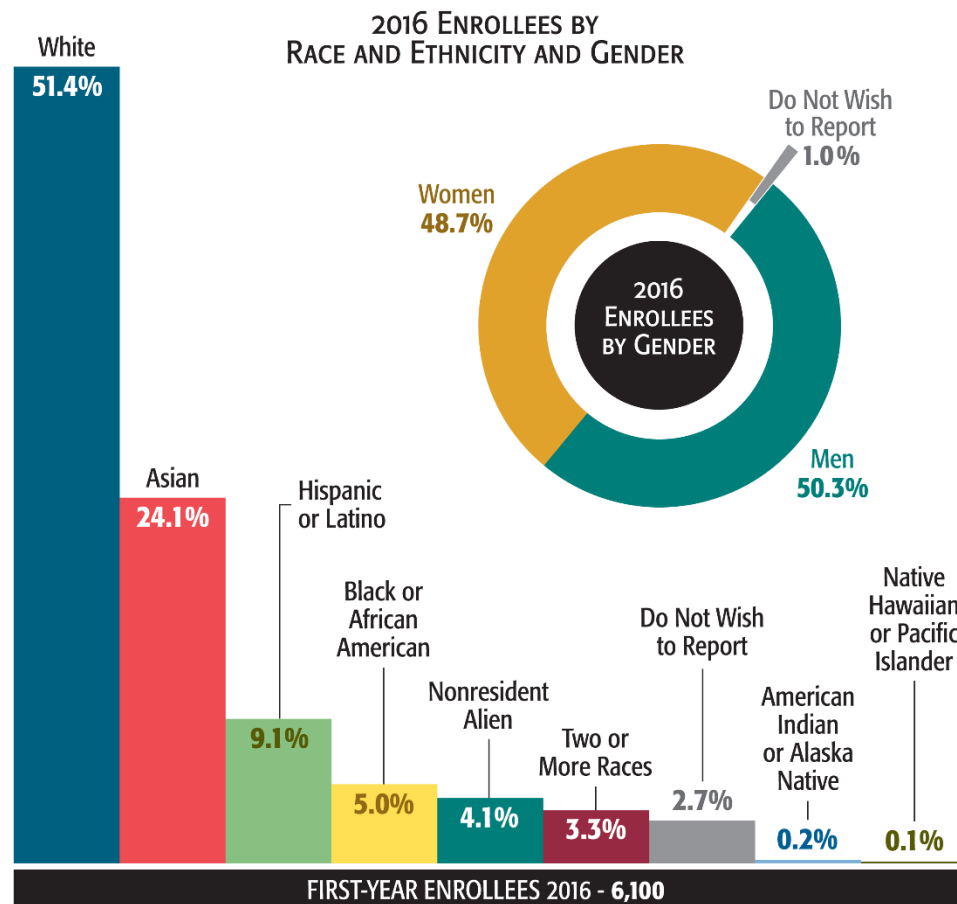
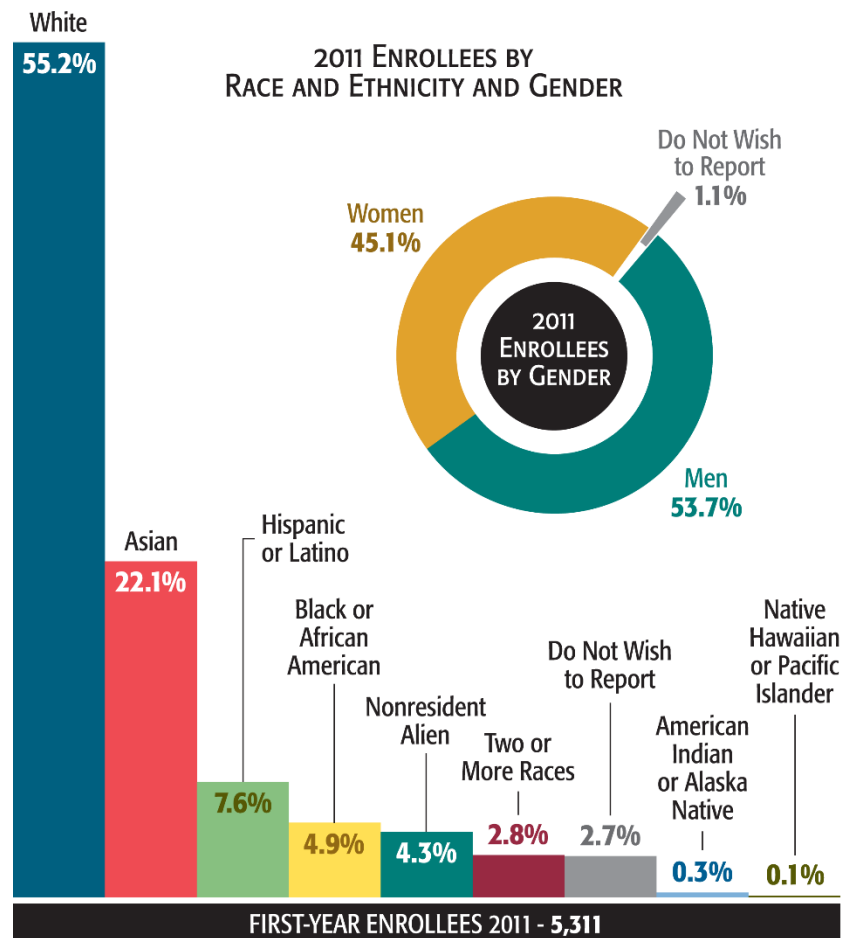
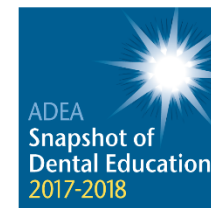
- WREB
- CRDTS
- PGY1 required
- CDCA, CITA
- CRDTS, WREB
- Other exam, PGY1 required
- WREB, Other exam, PGY1 optional
- CDCA, CITA, WREB
- CDCA, CITA, Other exam
- CDCA, CITA, CRDTS, SRTA
- CDCA, CITA, CRDTS, WREB
- CDCA, CITA, CRDTS, SRTA, WREB
- CDCA, CITA, CRDTS, SRTA, WREB, Other exam
- CDCA, CRDTS, SRTA, WREB, PGY1 optional
- CDCA, CITA, CRDTS, WREB, PGY1 optional
- CDCA, CITA, CRDTS, SRTA, WREB, PGY1 optional, Canadian NDEB/OSCE
- CDCA, CITA, CRDTS, SRTA, WREB, Canadian NDEB/OSCE, Other exam, PGY1 optional

Source: ADA Council on Dental Education and Licensure.



# The Dental Student Population Is Becoming More Diverse

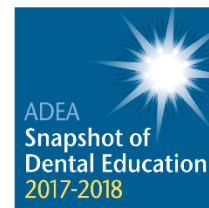
IN THE PAST FIVE YEARS, THE PROPORTION OF UNDERREPRESENTED RACIAL AND ETHNIC GROUPS AND THE NUMBER OF WOMEN REPRESENTED IN THE DENTAL STUDENT POPULATION HAS INCREASED TO ALMOST 50%.



Note: ADEA adheres to the revised federal guidelines for collecting and reporting race and ethnicity.

Source: American Dental Education Association, U.S. Dental School Applicants and Enrollees, 2011 and 2016 Entering Classes. Percentages may add up to more than 100% due to rounding.

# Poor Oral Health Affects Our Military's Readiness and National Security



"A SOLDIER WHO IS DENTALLY READY IS BETTER ABLE TO FOCUS ON AND ACCOMPLISH THEIR MISSION. THE ARMY DENTAL CORPS' FOCUS ON DENTAL READINESS NOT ONLY AFFECTS THE WELL-BEING AND QUALITY OF LIFE OF SOLDIERS, IT DIRECTLY FACILITATES MISSION SUCCESS ON THE BATTLEFIELD." --Army Dental Corps



## DID YOU KNOW?

- 1 4-F is a classification given to a new U.S. military registrant indicating he or she is "not acceptable for service in the Armed Forces" due to medical, dental or other reasons. The term originated in the Civil War to disqualify recruits who did not have **four front teeth** with which to tear open gunpowder packages.
- 2 In 2008, nearly all (95.8%) Department of Defense recruits required some type of dental care and over half were considered to be Dental Readiness Class 3 (non-deployable, not medically/dentally ready).
- 3 The most common disqualifier for military service in the 20th century was not flat feet, but military personnel dental health and complications, such as acute necrotizing ulcerative gingivitis ("trench mouth").
- 4 The rampant dental problems of soldiers during World War II led to the National Dental Research Act in 1948. The Act established the National Institutes of Health's third institute, known today as the National Institute of Dental and Craniofacial Research.

### Sources:

1. Calcaterra N. 4-F: Unfit for service because of your teeth? Directions in Dentistry, March 19, 2013.
2. 2008 Department of Defense (DoD) recruit oral health survey. Military Medicine, 176(8), August Supplement 2011, p. 1.
3. The military's proud history of oral disease prevention. Inside Dentistry, 7(5):2011.
4. NIDCR turns sixty. National Institute of Dental and Craniofacial Research. Press release, June 24, 2008.

The background of the image is a solid teal color with several overlapping, semi-transparent, curved shapes in varying shades of blue and teal, creating a dynamic, abstract design. The ADEA logo is prominently displayed in the center-left.

ADEA

THE VOICE OF  
DENTAL EDUCATION



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jeri Westerfeld Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 11:</b> Report of Dental Hygiene Committee of California (DHCC) Activities

**Background:**

Susan Good, President of the Dental Hygiene Committee of California, will provide a verbal report.

**Action Requested:**

No Board action requested.



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jeri Westerfeld Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 12:</b> Report of Department of Consumer Affairs (DCA) Staffing and Activities of the Boards and Bureau Services

**Background:**

Chris Castrillo, Deputy Director of Board and Bureau Services from the Department of Consumer Affairs, will provide a verbal report.

**Action Requested:**

No Board action requested.



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jeri Westerfeld Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 13:</b> Report on the California Public Health Oral Health Program Advisory Committee Fall Update

**Background:**

On December 13, 2017 Dental Board Members, Ms. Fran Burton and Dr. Huong Le, participated in the California Public Health Oral Health Program Advisory Committee webinar. Ms. Burton and Dr. Le will provide a verbal report regarding this meeting.

**Action Requested:**

No Board action requested.



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Steve Long, Staff Services Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 14A:</b> Review of Dental Licensure and Permit Statistics

The Dental Board of California (Board) oversees dental licensees in California. All dentists are initially licensed as active. When licensees renew their license, they may either keep their license in active or inactive status.

Licensees with an active status can actively practice dentistry in the state of California. To renew and keep one's license in an active status, the Board requires submission of renewal fee, furnishing a set of fingerprints to the Department of Justice (DOJ), certification of fifty (50) units of continuing education, and disclosing whether he/she has been convicted of any violation in the prior renewal cycle.

Licensees with an inactive status cannot engage in the practice of dentistry in the state of California. To renew and keep one's license in an inactive status, the Board requires submission of the renewal fee and a fully completed renewal form. The holder thereof need not comply with any continuing education requirement for a renewal of an inactive license.

Licensees with an inactive status who would like to re-activate their license must submit the Application to Activate License form and evidence of completing fifty (50) units of continuing education within the last two (2) years, as required by the Dental Practice Act.

**A.** Following are statistics of current license/permits by type as of January 12, 2018

Dental License (DDS) Status	Licensee Population
Active	34,287
Inactive	1,958
Retired	1,830
Disabled	124
Renewal in Process	309
Delinquent	4,964
<b>Total Cancelled Since Licensing was required</b>	<b>15,644</b>

\*Active: Current and can practice without restrictions (BPC §1625)

Inactive: Current but cannot practice, continuing education not required (CCR §1017.2)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (BPC §1716.1a)

Disabled: Current with disability but cannot practice (BPC §1716.1b)

Renewal in Process: Renewal fee paid with deficiency (CCR §1017)

Delinquent: Renewal fee not paid within one month after expiration date (BPC §163.5)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (BPC §1718.3a)

Dental Licenses Issued via Pathway	Total Issued in 2017	Total Issued in 2016	Total Issued in 2015	Total Issued to Date	Date Pathway Implemented
WREB Exam	758	786	747	8,348	January 1, 2006
Licensure by Residency	161	154	162	1,779	January 1, 2007
Licensure by Credential	181	142	116	3,216	July 1, 2002
LBC Clinic Contract	10	9	5	43	July 1, 2002
LBC Faculty Contract	4	6	2	18	July 1, 2002
Portfolio	20	34	7	60	November 5, 2014
<b>Total</b>	<b>1,120</b>	<b>1,116</b>	<b>1,039</b>		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,488	696	6,320
Conscious Sedation	521	41	458
Continuing Education Registered Provider Permit	1,068	686	1,918
Elective Facial Cosmetic Surgery Permit	28	4	0
Extramural Facility Registration*	159	N/A	N/A
Fictitious Name Permit	6,671	1,331	5,732
General Anesthesia Permit	864	33	918
Mobile Dental Clinic Permit	36	37	40
Medical General Anesthesia	80	37	166
Oral Conscious Sedation Certification (Adult Only 1,734; Adult & Minors 1,969)	2,450	626	627
Oral & Maxillofacial Surgery Permit	87	7	17
Referral Service Registration*	154	N/A	N/A
Special Permits	39	10	172

\*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

### Active Licensees by County as of January 09, 2018

County	DDS	Population	Population per DDS
Alameda	1,465	1,645,359	1,123
Alpine	0	1,151	N/A
Amador	22	38,382	1,744
Butte	148	226,404	1,529
Calaveras	16	45,168	2,823
Colusa	5	22,043	4,408
Contra Costa	1,090	1,139,513	1,045
Del Norte	15	27,124	1,808
El Dorado	166	185,062	1,114
Fresno	589	995,975	1,690
Glenn	10	28,731	2,873
Humboldt	73	136,953	1,876
Imperial	39	188,334	4,829



<b>County</b>	<b>DDS</b>	<b>Population</b>	<b>Population per DDS</b>
Inyo	10	18,619	1,861
Kern	332	895,112	2,696
Kings	66	149,537	2,265
Lake	44	64,945	1,476
Lassen	20	30,918	1,545
Los Angeles	8,359	10,241,278	1,225
Madera	50	156,492	3,129
Marin	328	263,604	803
Mariposa	8	18,148	2,268
Mendocino	59	89,134	1,510
Merced	93	274,665	2,953
Modoc	5	9,580	1,916
Mono	4	13,713	3,428
Monterey	270	442,365	1,638
Napa	110	142,408	1,294
Nevada	84	98,828	1,176
Orange	3,793	3,194,024	842
Placer	445	382,837	860
Plumas	15	19,819	1,321
Riverside	1,051	2,384,783	2,269
Sacramento	1,089	1,514,770	1,390
San Benito	21	56,854	2,707
San Bernardino	1,330	2,160,256	1,624
San Diego	2,685	3,316,192	1,235
San Francisco	1,250	874,228	699
San Joaquin	370	746,868	2,018
San Luis Obispo	223	280,101	1,256
San Mateo	873	770,203	882
Santa Barbara	324	450,663	1,390
Santa Clara	2,241	1,938,180	864
Santa Cruz	188	276,603	1,471
Shasta	112	178,605	1,594
Sierra	1	3,207	3,207
Siskiyou	23	44,688	1,942
Solano	282	436,023	1,546
Sonoma	405	505,120	1,247
Stanislaus	277	548,057	1,978
Sutter	49	96,956	1,978
Tehama	23	63,995	2,782
Trinity	4	13,628	3,407
Tulare	207	471,842	2,279
Tuolumne	51	54,707	1,072
Ventura	666	857,386	1,287
Yolo	121	218,896	1,809
Yuba	11	74,577	6,779
Out of State/Country	2,662		
<b>TOTAL</b>	<b>34,272</b>	<b>39,523,613</b>	

\*Population data obtained from Department of Finance, Demographic Research Unit

\*The counties with the highest Population per DDS are:

1. Yuba County (1:6,779)
2. Imperial County (1:4,829)
3. Colusa County (1:4,408)
4. Mono County (1:3,428)
5. Trinity County (1:3,407)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:699)
2. Marin County (1:803)
3. Orange County (1:842)
4. Placer County (1:860)
5. Santa Clara County (1:864)

\*The counties with the biggest increase in active license dentists as of January 9, 2018 are Sacramento, with 10 additional dentists, and Marin, with 8 additional dentists. Los Angeles had a decrease of 56.

\*Alpine County had no active dentists in 2017.

## B. Following are monthly dental statistics by pathway as of December 31, 2017

Dental Applications Received by Month (2017)												Total Apps: 1,511	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	38	40	53	47	123	353	161	79	37	34	29	28	1,022
Residency	7	2	5	2	16	43	83	24	7	8	8	4	209
Credential	17	14	26	14	25	28	24	29	19	21	21	16	254
Portfolio	0	1	0	0	2	14	7	0	0	2	0	0	26
<b>Total</b>	<b>62</b>	<b>57</b>	<b>84</b>	<b>63</b>	<b>166</b>	<b>438</b>	<b>275</b>	<b>132</b>	<b>63</b>	<b>65</b>	<b>58</b>	<b>48</b>	<b>1,511</b>
Dental Applications Approved by Month (2017)												% of All Apps: 62.0	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	26	22	9	41	67	102	206	46	37	36	31	21	644
Residency	6	10	1	3	4	4	43	9	16	10	4	5	115
Credential	10	11	1	18	13	15	22	10	13	17	18	7	155
Portfolio	0	0	0	0	0	2	18	0	1	0	0	0	21
<b>Total</b>	<b>42</b>	<b>43</b>	<b>11</b>	<b>62</b>	<b>84</b>	<b>123</b>	<b>289</b>	<b>65</b>	<b>67</b>	<b>63</b>	<b>53</b>	<b>33</b>	<b>935</b>
Dental Licenses Issued by Month (2017)												% of All Apps: 74.0	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	34	29	22	37	58	80	213	148	48	35	28	26	758
Residency	6	9	7	3	6	1	36	56	16	14	4	3	161
Credential	10	13	12	13	16	15	17	26	15	16	17	11	181
Portfolio	0	0	0	0	0	2	7	9	0	0	1	1	20
<b>Total</b>	<b>50</b>	<b>51</b>	<b>41</b>	<b>53</b>	<b>80</b>	<b>98</b>	<b>273</b>	<b>239</b>	<b>79</b>	<b>65</b>	<b>50</b>	<b>41</b>	<b>1,120</b>
Cancelled Dental Applications by Month (2017)												% of All Apps: 1.8	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	1	2	3	0	0	0	2	3	3	6	2	1	23
Residency	0	0	0	0	0	0	0	0	0	0	1	0	1
Credential	0	0	0	0	0	0	0	0	2	0	0	0	2
Portfolio	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>27</b>

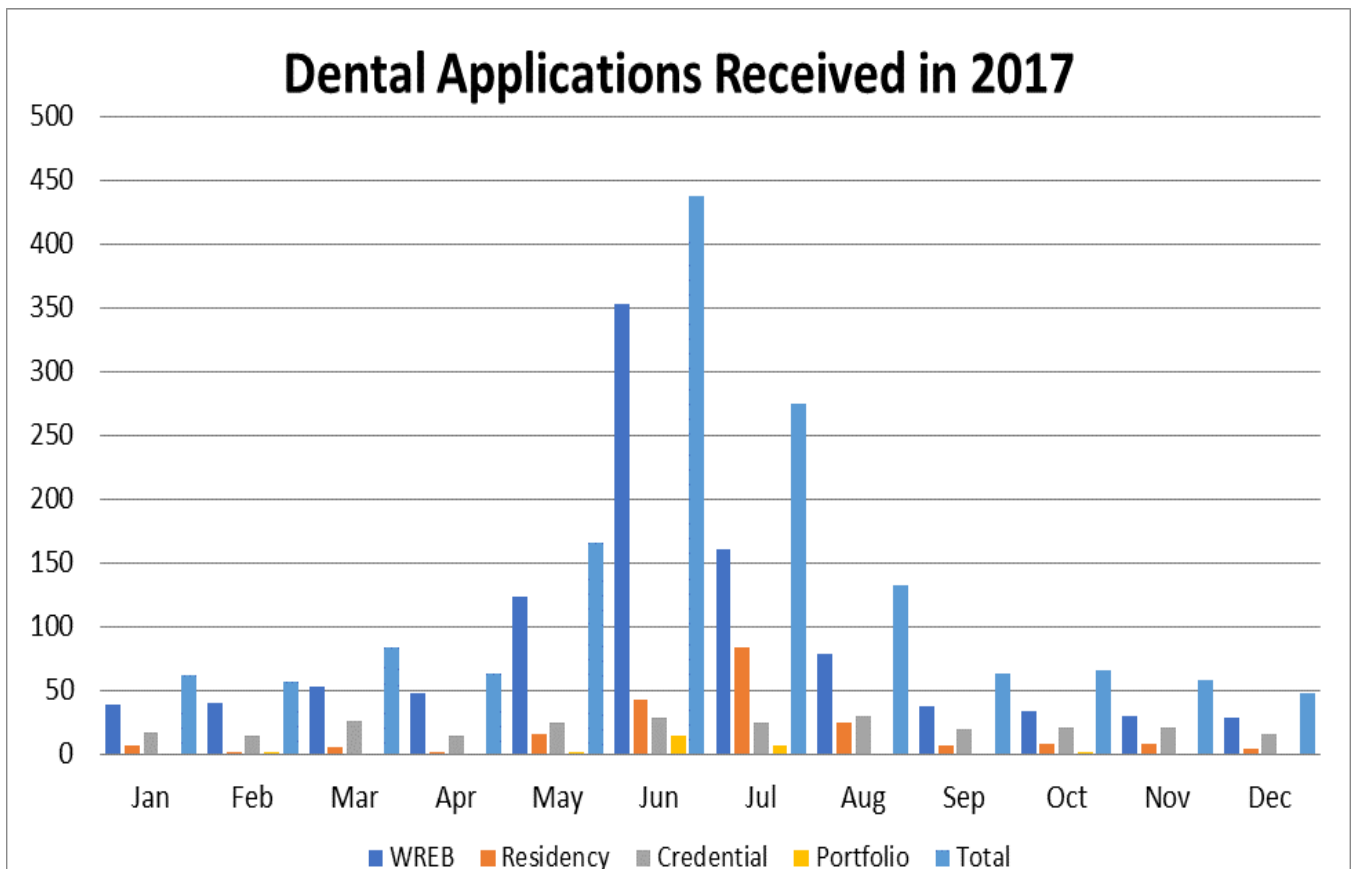
<b>Withdrawn Dental Applications by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	1	2	4	2	4	0	0	0	0	2	3	0	18
Residency	1	0	0	0	0	0	0	0	0	1	0	0	2
Credential	0	1	1	1	0	0	0	0	0	3	0	1	7
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>27</b>
<b>Denied Dental Applications by Month (2017)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential	1	3	3	0	0	0	0	0	0	0	0	0	7
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>

\*Deficient Applications by pathway: WREB – 109, Residency – 34, Credential – 61, Portfolio – 0, **Total – 204**

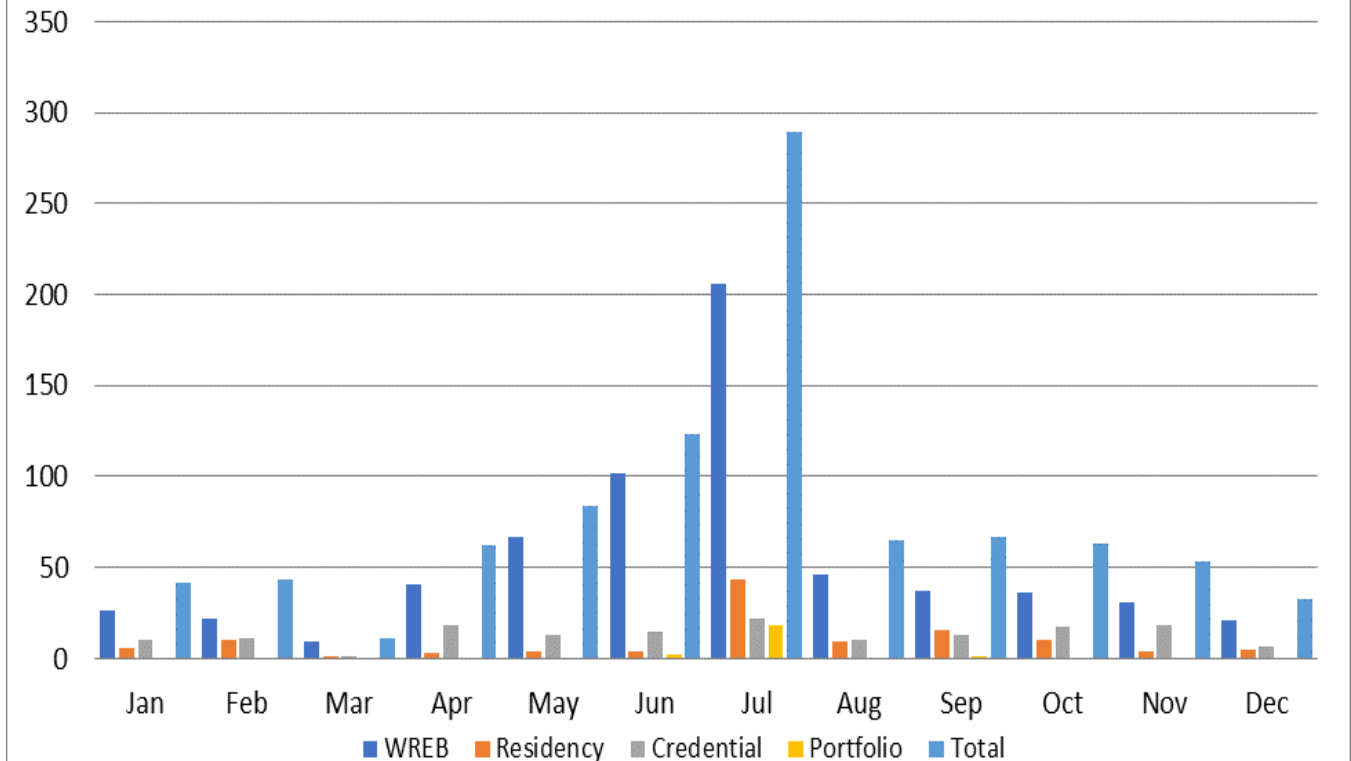
### Application Definitions

<b>Received</b>	Application submitted in physical form or digitally through Breeze system.
<b>Approved</b>	Application for eligibility of licensure processed with all required documentation.
<b>License Issued</b>	Application processed with required documentation and paid prorated fee for initial license.
<b>Cancelled</b>	Board requests staff to remove application (i.e. duplicate).
<b>Withdrawn</b>	Applicant requests Board to remove application
<b>Denied</b>	Applicant fails to provide requirements for licensure (BPC 1635.5)
<b>Deficient</b>	Application processed lacking one or more requirements

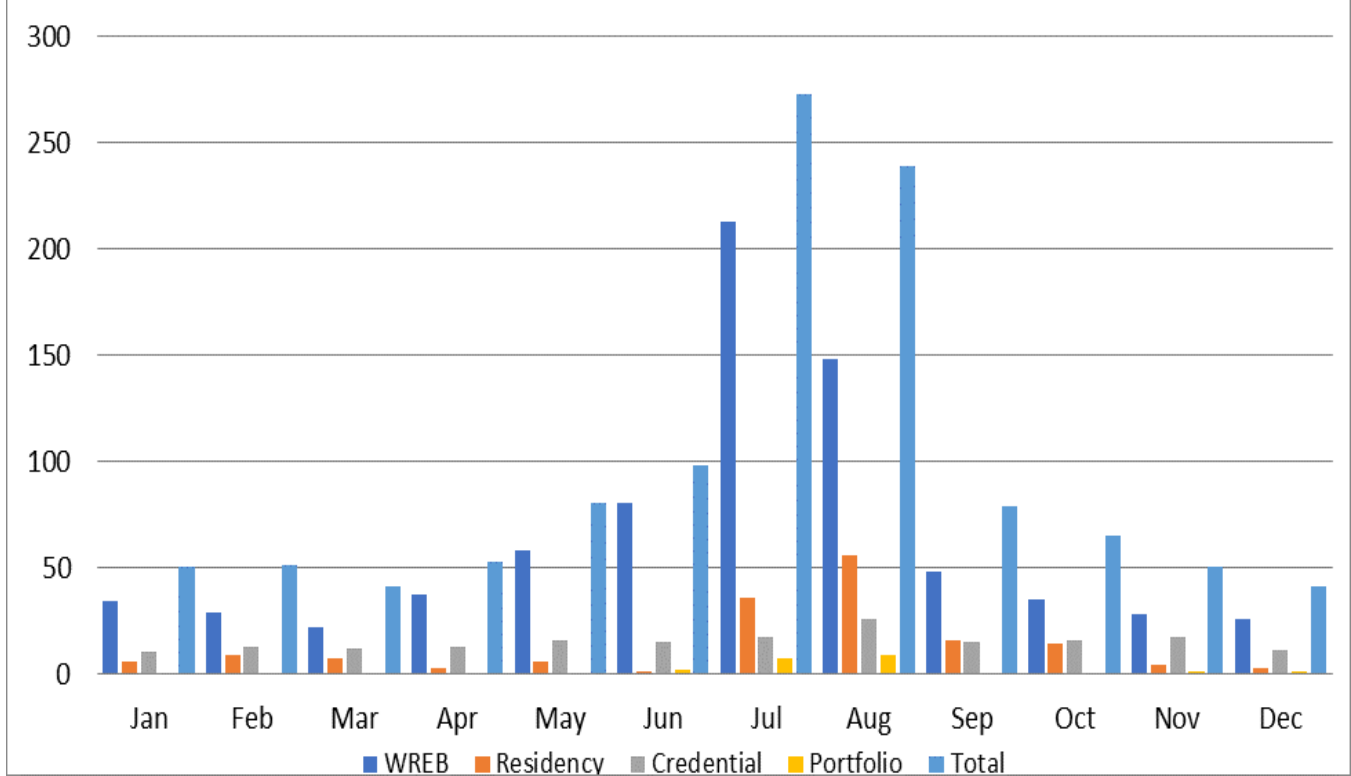
C. Following are graphs of monthly Dental statistics as of January 16, 2018



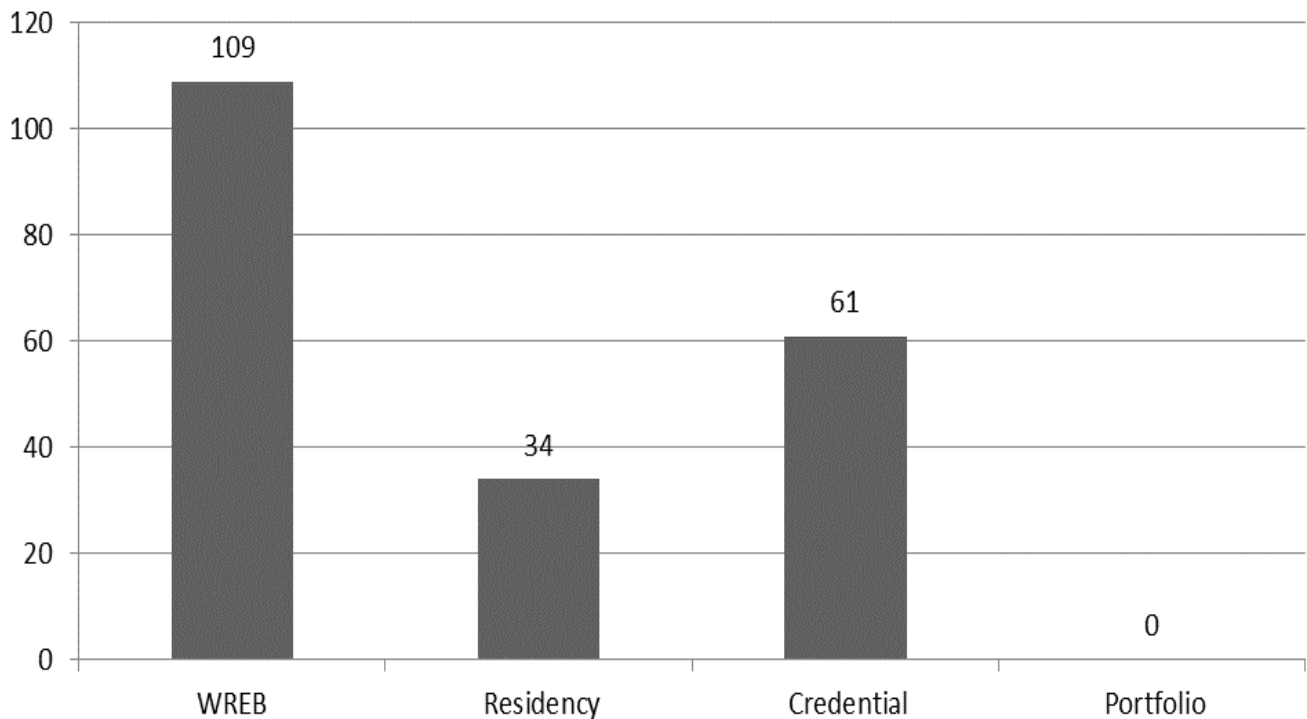
## Dental Applications Approved in 2017



## Dental Licenses Issued in 2017

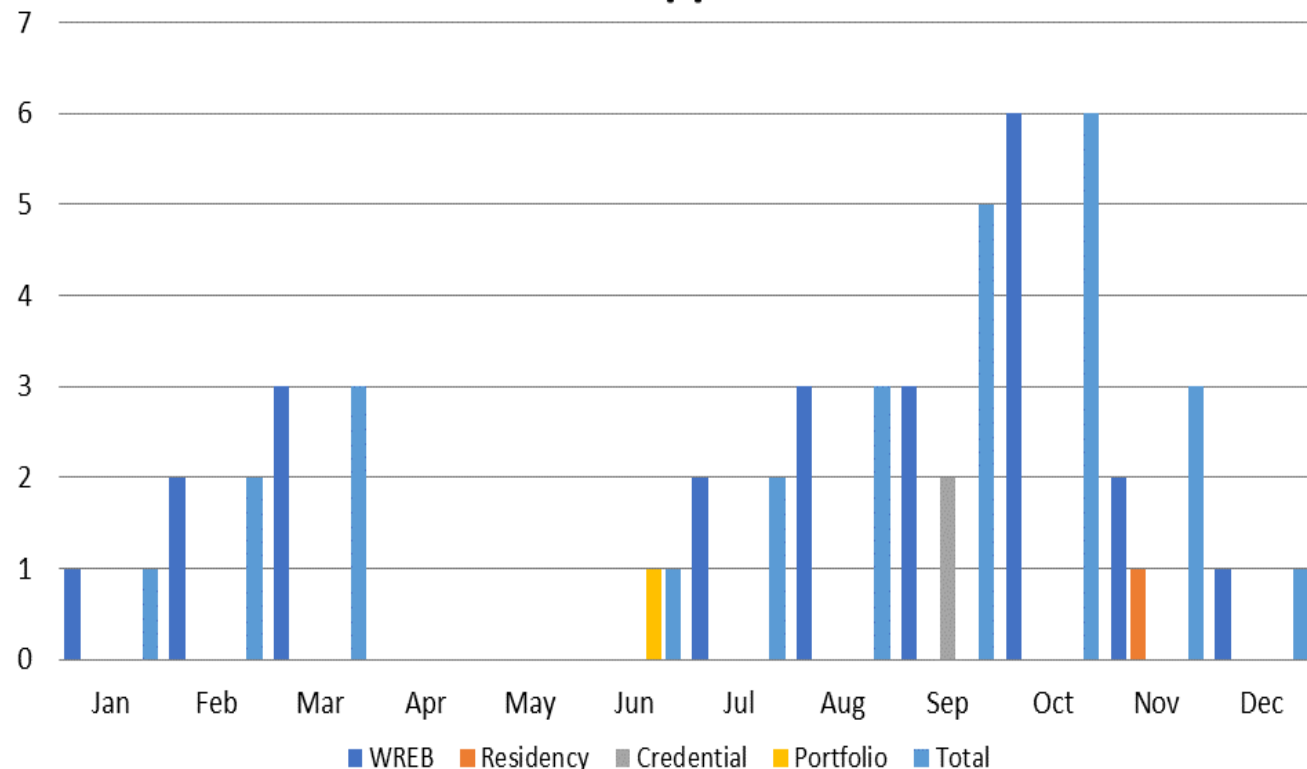


## Deficient Applications as of January 16, 2018

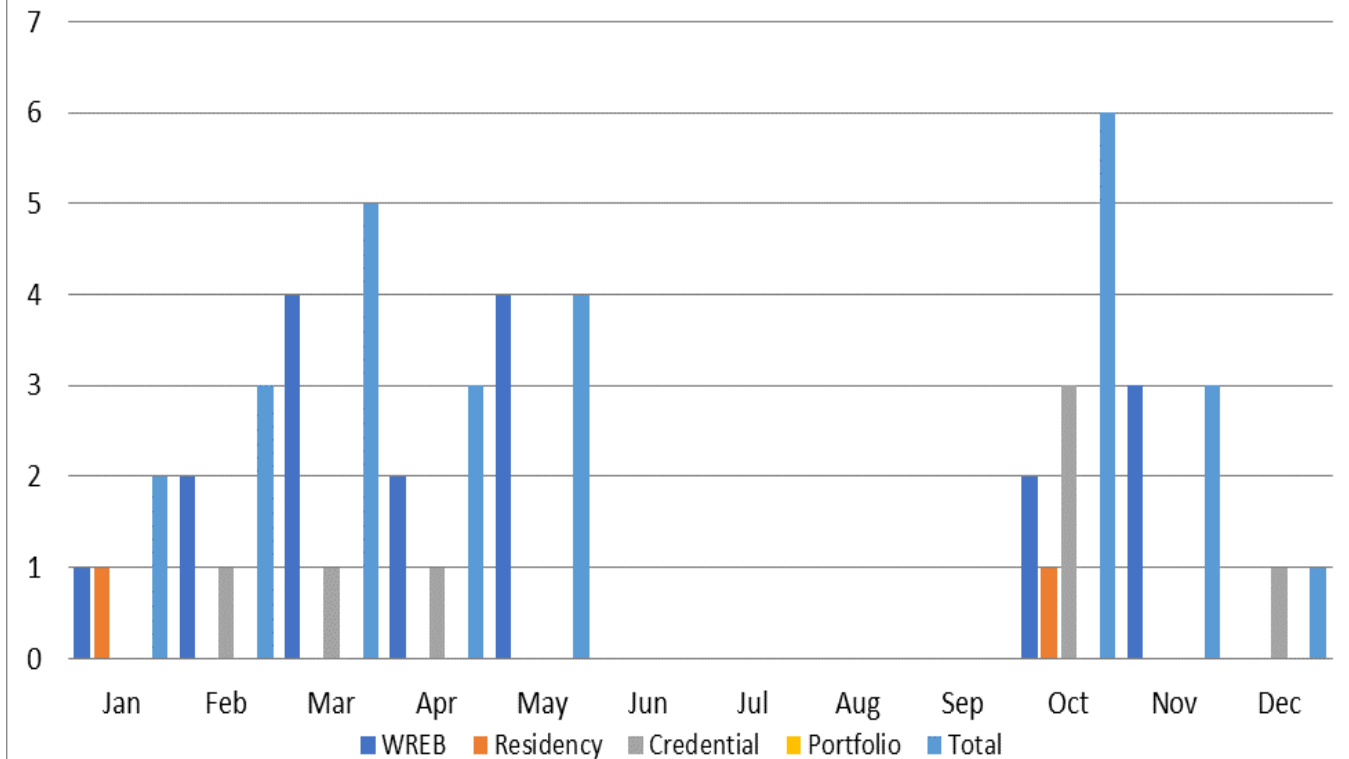


\**Deficient*: Pending with one or more requirements missing in application

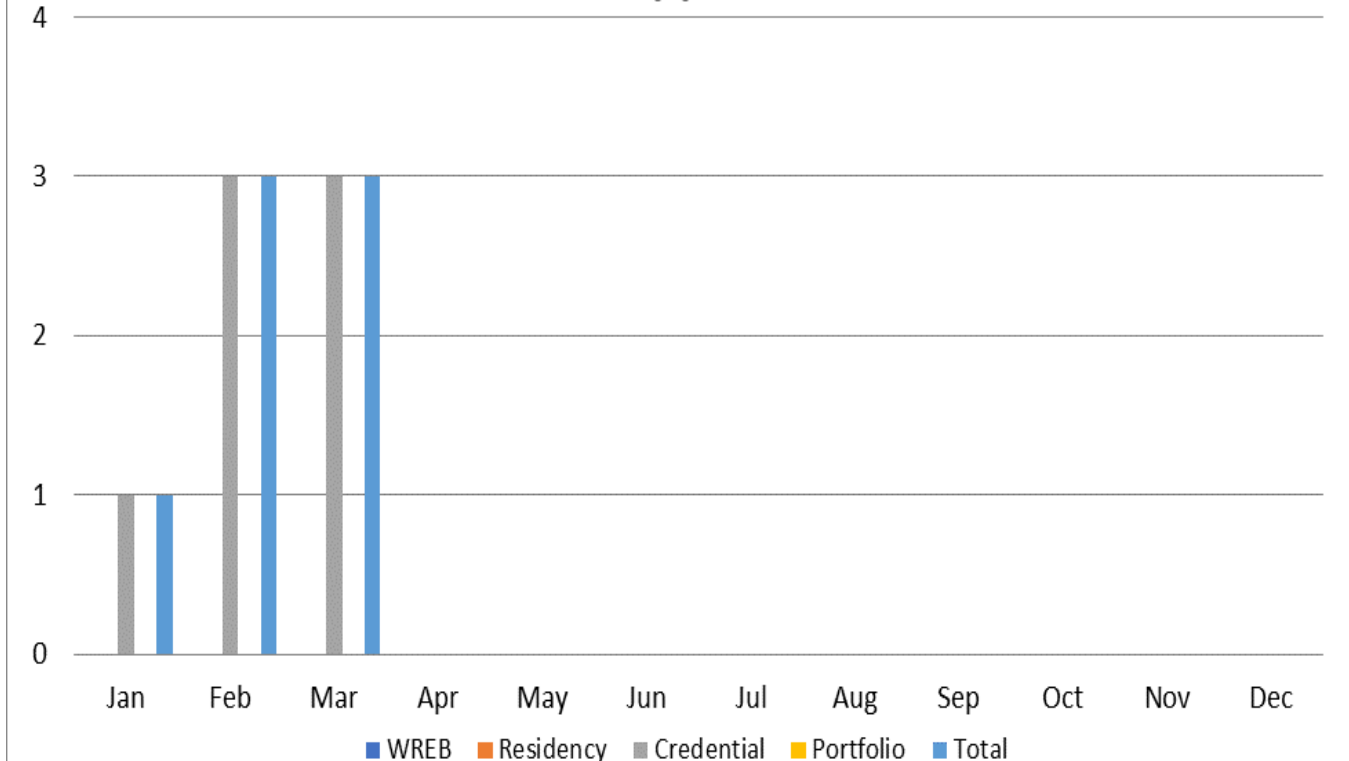
## Cancelled Dental Applications in 2017



## Withdrawn Dental Applications in 2017



## Denied Dental Applications in 2017



\*Only Credential applications received denials in 2017.



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Daniel Yoon, Licensing Analyst
<b>SUBJECT</b>	<b>Agenda Items 15A:</b> Update on Portfolio Pathway to Licensure

### **Background:**

At the November 2017 meeting, the Dental Board of California's (Board) staff reported on the feedback received about the Portfolio pathway to licensure by each of the six (6) dental schools in California. Based on the discussion and feedback received from all dental schools in California, the Board had devised short-term goals, which include:

- Clarifying Patient Criteria Regarding Each Competency Exam
- Reciprocity Requirements in Other States
- Digitizing Portfolio Rubrics and Grading Sheets
- Inform Public About Portfolio Through Board's Website

The following is an update to each of the short-term goals that were outlined at the November Board meeting.

### **Clarifying Patient Criteria Regarding Each Competency Exam:**

Board staff researched the California Code of Regulations (CCR) and the original rulemaking file for Portfolio examination requirements to obtain clarification for what patients can be used for each competency exam. The results of the research are organized into a matrix in Attachment 1.



### **Reciprocity Requirements in Other States:**

Board staff researched other state dental board licensing requirements to ascertain if a Portfolio-licensed dentist in California can be licensed in another state through reciprocity. Currently, there are twelve (12) states in which a Portfolio-licensed dentist can qualify, twenty-eight (28) states that a Portfolio-licensed dentist would not qualify, and ten (10) states that have not decided if a Portfolio-licensed dentist would qualify. The results of the research are organized into a matrix in Attachment 2.

### **Digitizing Portfolio Rubrics and Grading Sheets:**

The Board sent an invitation to all six dental schools in December 2017 to submit an example of their electronic format of Portfolio to the Board for review.

In the meantime, Board staff has created a sample of a digital version of some Portfolio grade sheets and tabulation charts through Adobe Pro. Staff is researching how the Board can incorporate or integrate these into the Portfolio process in terms of legality, psychometric validity, and defensibility. Meanwhile, Board staff plans to send a sample of these digital Portfolio forms to each dental school for review and feedback soon.

### **Inform Public About Portfolio Through Board's Website:**

In October 2017, Board staff updated the Board's website to include the dental licensure pathway of Portfolio. Board staff will continue to update the Portfolio webpage as necessary.

### **Action Requested:**

No action requested.

# ATTACHMENT 1

## Clarifying Patient Criteria

Competency Exam	California Code of Regulations (CCR)	Rulemaking File
Oral Diagnosis and Treatment Planning	N/A	"The Board believes that the language is clear that the oral diagnosis and treatment planning competency examination would be <u>initiated and completed on one patient...</u> " - Final Statement of Reasons (p.10)
Direct Restoration	N/A	N/A
Indirect Restoration	"The restoration shall be completed on the same tooth and <u>same patient</u> by the same candidate." - CCR 1032.5(c)(10)	N/A
Removable Prosthodontics	"One (1) of the following prosthetic treatments from start to finish on the <u>same patient</u> :" - CCR 1032.6(b)(1)	"...The removable prosthodontic competency examination is required to include: One (1) of the following prosthetic treatments from <u>start to finish on the same patient...</u> " - Initial Statement of Reasons (p.21)
Endodontics	"The procedure shall be performed on any tooth to completion by the same candidate on the <u>same patient</u> ." - CCR 1032.7(c)	"The procedure shall be performed on any tooth to completion by the same candidate on the <u>same patient</u> ." - Initial Statement of Reasons (p.27) and PSI Report (p.65)
Periodontics*	" <u>All three parts</u> of the examination shall be performed on the <u>same patient</u> . In the event the <u>patient does not return for periodontal re-evaluation (Part C)</u> , the student shall use a <u>second patient</u> for the completion of the periodontal re-evaluation (Part C) portion of the periodontic competency examination." - CCR 1032.8(b)(3)	N/A
<p><b>*NOTE:</b> CCR 1032.8(b)(1) defines Part A, B, and C of the periodontics competency exam as the following:  <b>Part A:</b> Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, and treatment plan;  <b>Part B:</b> Calculus detection and effectiveness of calculus removal; and  <b>Part C:</b> Periodontal re-evaluation.</p>		
<p><b>NOTE:</b> With regards to the usage of emergency-care patients, CCR 1033.1(b) states:  "A patient shall be <u>in a health condition acceptable</u> for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the candidate <u>must obtain the necessary written medical clearance and/or, evidence of premedication before</u> the patient will be accepted. If the patient's well-being is put into jeopardy at any time during the portfolio competency examination, the examination shall be terminated. The candidate shall fail the examination, regardless of performance on any other part of the examination."</p>		

# ATTACHMENT 2

## Reciprocity Requirements in Other States

Dental Board	Licensure Pathway	Qualify? (Yes/No/Not Sure)	Explanation
Alabama	Credential	Yes	
Alaska	Credential	Not Sure	Cannot confirm nor deny as no precedent has been set regarding accepting an application through Portfolio; possibly go to Board
Arizona	Credential	No	Requires clinical examination
Arkansas	Credential	No	Requires clinical examination
Colorado	Hybrid Portfolio	Yes	
Connecticut	Exam	No	No Reciprocity; must pass a regional exam
Delaware	Exam	No	No Reciprocity; must pass state clinical exam
Florida	Exam	No	No Reciprocity; only ADEX is accepted
Georgia	Credential	No	Requires clinical examination
Hawaii	Exam	No	No Reciprocity; only ADEX is accepted
Idaho	Credential	No	Intent is that all applicants will have completed an approved clinical exam
Illinois	Endorsement	No	Requires clinical examination
Indiana	Endorsement	No	Requires clinical examination
Iowa	Credential	Yes	
Kansas	Credential	No	Requires clinical examination
Kentucky	Credential	Yes	Case-by-case basis; state-backed exam can be considered for Credential <small>*Website does not show acceptance of Portfolio; KY staff does not know</small>
Louisiana	Credential	Not Sure	No contact has been made
Maine	Endorsement	Not Sure	Requires clinical examination; Any request to waive a regional examination is taken to the Board for review
Maryland	Licensed in Another State	No	Requires clinical examination; however, to prove clinical component, it may be brought up to the MD Board
Massachusetts	Credential	Yes	
Michigan	Endorsement	No	Requires clinical examination

## Reciprocity Requirements in Other States

Dental Board	Licensure Pathway	Qualify? (Yes/No/Not Sure)	Explanation
Minnesota	Credential	No	Requires clinical examination
Mississippi	Credential	Yes	
Missouri	Credential	No	Requires clinical examination
Montana	Credential	Not Sure	Requires clinical examination; however, applicant must submit proof of exam to the MT Board and would be under review
Nebraska	Reciprocity	Yes	
Nevada	Endorsement	No	Portfolio is not a 'nationally recognized, nationally accredited or nationally certified examination or other (State) examination'
New Hampshire	Endorsement	Not Sure	Any state board exam would have to be approved on an individual basis
New Jersey	Endorsement	Not Sure	Any state board exam would have to be approved on an individual basis
New Mexico	Credential	No	Requires clinical examination
New York	Endorsement	Yes	
North Carolina	Credential	No	Requires clinical examination
North Dakota	Credential	No	Requires clinical examination
Ohio	License	Yes	
Oklahoma	Credential	No	Requires clinical examination
Oregon	Without Further Examination	No	Requires clinical examination
Pennsylvania	Dentist	No	Requires clinical examination
Rhode Island	Endorsement	Not Sure	No precedent has been set; Board would determine at time of application
South Carolina	Credential	No	Requires clinical examination; however, applicant may be able to present case to Board
South Dakota	Credential	No	Requires clinical examination
Tennessee	Reciprocity	Yes	
Texas	Credential	No	Requires clinical examination

## Reciprocity Requirements in Other States

Dental Board	Licensure Pathway	Qualify? (Yes/No/Not Sure)	Explanation
Utah	Endorsement	Not Sure	Utah needs verification that the requirements used for licensure is equivalent to the Utah requirements; review would be done by Board. No precedent has been set
Vermont	Endorsement	Yes	
Virginia	Credential	Not Sure	No precedent has been set; Board would determine at the time an application comes in whether to accept the credentials or not
Washington	Without Examination	Yes	
West Virginia	General	No	No Reciprocity; must pass a clinical exam
Wisconsin	Endorsement	Not Sure	No precedent has been set; Board would determine at the time an application comes in whether to accept the credentials or not
Wyoming	Endorsement	No	Requires clinical examination
District of Columbia	Endorsement	No	Must take NERB
<b>Summary:</b> Yes - 12 States    No - 28 States    Not Sure - 10 States			



## MEMORANDUM

<b>DATE</b>	January 16, 2017
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Sarah Wallace, Assistant Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15B:</b> Western Regional Examination Board (WREB) Report

**Background:**

Dr. Huong Le, DDS, MA will provide a verbal report. Dr. Mark Christensen will be available for any questions.

**Action Requested:**

No action requested.



**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815  
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



## MEMORANDUM

<b>DATE</b>	January 25, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Sarah Wallace, Assistant Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15C:</b> Status of Occupational Analysis for Dentists and the Implementation of AB 2331 (Chapter 572, Statutes of 2016) – ADEX Examination as an Additional Pathway to Licensure

**Background:**

On September 24, 2016, Governor Brown signed into law Assembly Bill (AB) 2331 (Dababneh, Chapter 572, Statutes of 2016). AB 2331 authorized the Dental Board of California (Board) to recognize the American Dental Examining Board's (ADEX) examination as an additional pathway to licensure. Prior to recognition or acceptance of the ADEX exam, the exam itself must undergo an Occupational Analysis and a Psychometric Evaluation to determine compliance with the requirements of Business and Professions Code Section 139.

The Board has contracted with the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) to conduct an occupational analysis (OA) of the dental (DDS) profession and review the ADEX examination. The OA began in July 2017. The OPES has reported that the workshops have gone well and it is preparing the task and knowledge statements for the pilot survey, which is anticipated to be distributed in mid-February. The OA report is anticipated to be completed in June, but is dependent upon the recruitment and participation of DDS subject matter experts during the workshops and during the survey.

Once the DDS OA is complete, the OPES will initiate the review of the ADEX examination and conduct the linkage study to the OA. This project is anticipated to begin in July 2018 and be completed in early 2019.

**Action Requested:**

No action requested.

## MEMORANDUM

<b>DATE</b>	January 12, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Enforcement Chief
<b>SUBJECT</b>	<b>Agenda Item 16(A):</b> Enforcement Statistics and Trends

The following are the Enforcement Division statistics for the second quarter (October 1, 2017 to December 31, 2017) of Fiscal Year 2017-2018. Trends over the last three fiscal years and the last two quarters are included, along with Charts 1-3 for reference.

### Complaints & Compliance

#### **Complaints Received: 843**

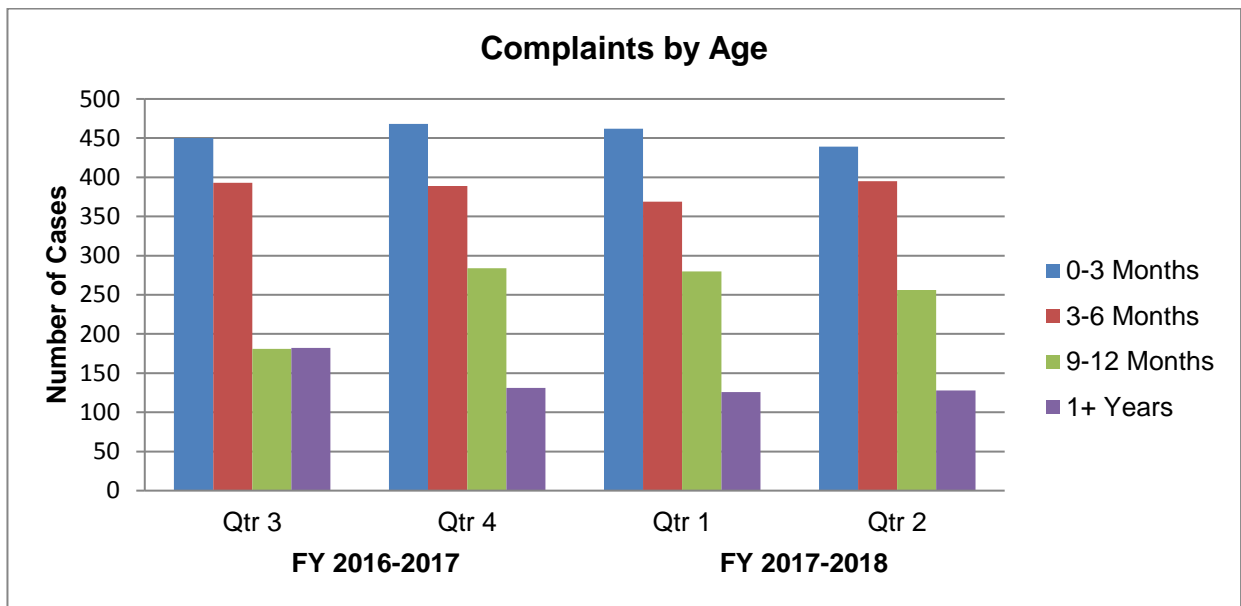
During quarter two, a total of 843 complaints were received. Complaints received have decreased by approximately **83** cases from the last quarter. The monthly average of complaints received for quarter two was **281**.

#### **Complaint Cases Open: 1460**

A total of 1460 complaint cases are pending. The Complaint cases open have decreased by **32** from the last quarter. The average caseload per Consumer Services Analyst (CSA) during the second quarter was **292**.

Complaint Age	FY 2016-2017		FY 2017-2018		
	Q3 Cases	Q4 Cases	Q1 Cases	Q2 Cases	Q1%
0 – 3 Months	415	450	<b>462</b>	<b>439</b>	<b>30%</b>
3 – 6 Months	299	393	<b>369</b>	<b>395</b>	<b>27%</b>
6 – 9 Months	246	181	<b>280</b>	<b>256</b>	<b>17%</b>
9 – 12 Months	149	182	<b>126</b>	<b>128</b>	<b>9%</b>
1+ Years	73	169	<b>255</b>	<b>242</b>	<b>17%</b>
<b>Total</b>	<b>1182</b>	<b>1375</b>	<b>1492</b>	<b>1460</b>	<b>100%</b>

Agenda Item 16(A): Enforcement Statistics and Trends  
 Dental Board of California  
 February 8-9, 2018 Board Meeting



**Complaint Cases Closed: 655**

During quarter two, there were 655 total complaint cases closed. The average cases closed per month was **218**. A complaint took an average of **201** days to close which is approximately fifty-eight days slower than during the previous quarter.

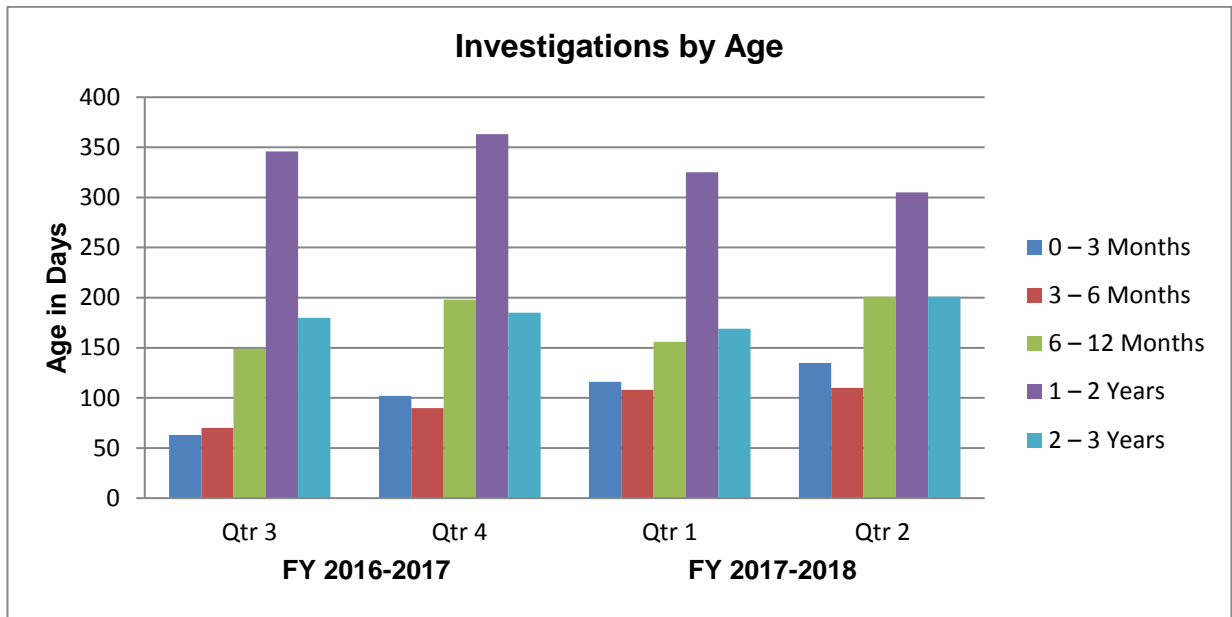
Chart 1 displays the average complaint closure age over the previous three fiscal years through the current quarter.

### Investigations

**Investigation Cases Open: 1019**

At the end of quarter two, there were approximately 1019 open investigative cases and **59** open inspection cases.

Investigation Age	FY 2016-2017		FY 2017-2018		Q2 %
	Q3 Cases	Q4 Cases	Q1 Cases	Q2 Cases	
0 – 3 Months	63	102	<b>116</b>	<b>135</b>	<b>13%</b>
3 – 6 Months	70	90	<b>108</b>	<b>110</b>	<b>11%</b>
6 – 12 Months	149	198	<b>156</b>	<b>201</b>	<b>20%</b>
1 – 2 Years	346	363	<b>325</b>	<b>305</b>	<b>32%</b>
2 – 3 Years	180	185	<b>169</b>	<b>201</b>	<b>20%</b>
3+ Years	45	47	<b>52</b>	<b>67</b>	<b>6%</b>
<b>Total</b>	<b>853</b>	<b>985</b>	<b>926</b>	<b>1019</b>	<b>100%</b>



Comparing this second quarter to the last, there has been a 16% increase in new investigation cases, aged zero to three months.

#### **Investigation Cases Closed: 163**

The total number of investigation cases closed, filed with the Office of the Attorney General (OAG), or filed with the District/City Attorney during the second quarter was 163 (an average of **54** per month).

The average number of days to complete an investigation during the second quarter was **554** days (see [Chart 1](#)). This is fifty-two days faster than during the previous quarter.

#### **Administrative and Disciplinary Action:**

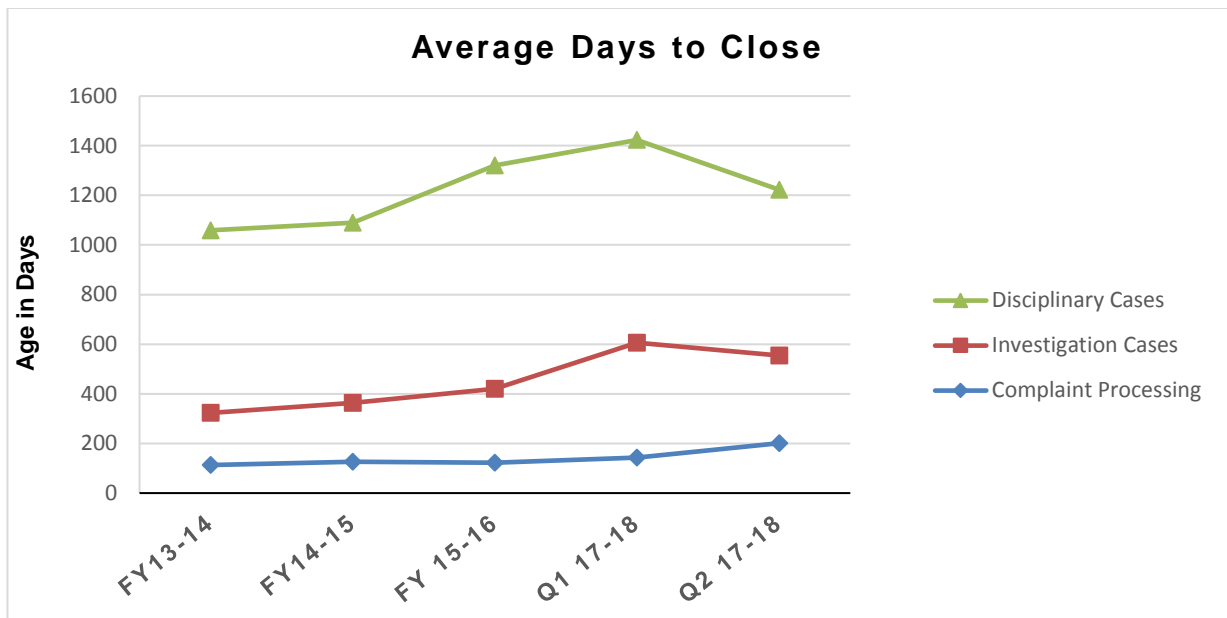
A total of **16 citations** were issued during the second quarter, an increase from the total of 9 that were issued in the first quarter.

A total of **27 accusations** were filed during the second quarter, an increase from the total of 12 that were filed during the first quarter.

A total of **45 cases were referred to the OAG** with a total of **143** cases pending as of December 31, 2017.

There were approximately **225 open probation cases** at the end of the second quarter. The three-month average for a disciplinary case to be completed was **1222** days. This is two-hundred and one days faster than during the previous quarter.

Chart 1 below displays the average closure age over the last three fiscal years through the first and second quarter for complaint, investigation, and disciplinary cases.



**Chart 1:**

Average Days to Close	FY 14-15	FY 15-16	FY 16-17	Q1 FY 17-18	Q2 FY 17-18
Complaint Processing	113	126	122	143	201
Investigation Cases	323	364	420	606	554
Disciplinary Cases	1059	1089	1320	1423	1222

**Chart 2:**

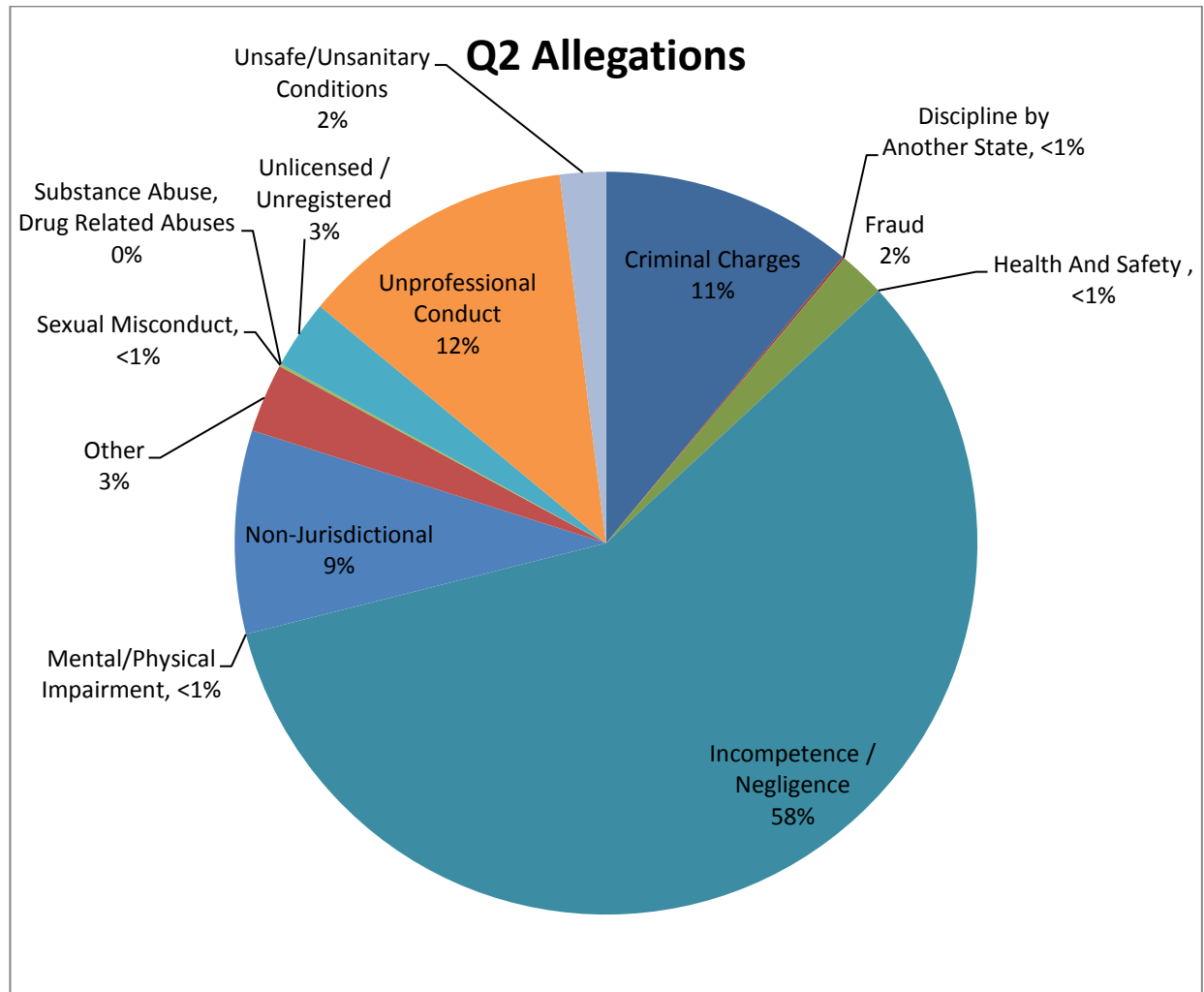
ENFORCEMENT STATISTICS	FY 14-15	FY 15-16	FY 16-17	FY 2017-2018	
				Q1	Q2
COMPLAINTS					
Total Intake Received	4180	3528*	3389	926	843
<i>Complaints Received</i>	3557	3078*	3101	781	731
<i>Convictions/Arrests     Received</i>	623	450*	288	145	91
Total Complaints Closed	2762	1981*	2320	748	655
Pending at end of period	989	804	1375	1492	1460
INVESTIGATIONS					
Cases Opened	1426	908*	828	386	194
Cases Closed	1195	1434*	953	205	163
Referred to AG	188	50*	185	48	45
Referred for Criminal	20	89*	15	6	6
Pending at end of period	1082	884	985	917	1019
Citations Issued	48	46*	45	9	16
Office of the Attorney General					
Cases Pending at AG	189	210	152	131	143
Administrative Actions:					
Accusation	70	17	114	12	27
Statement of Issues	4	3	10	2	2
Petition to Revoke Probation	3	1	4	1	1
Licensee Disciplinary Actions:					
Revocation	21	3	20	8	6
Probation	38	11	62	16	12
Suspension/Probation	0	0	0	0	0
License Surrendered	9	2	23	7	3
Public Reprimand	11	3	28	6	2
Other Action (e.g. exam required, education course, etc.)	11	1	28	0	11
Accusation Withdrawn	3	2	10	3	6
Accusation Declined	2	1	4	1	0
Accusation Dismissed	0	1	2	0	0
Total, Licensee Discipline	95	24	160	41	40
Other Legal Actions:					
Interim Suspension Order Issued	0	0	3	0	0
PC 23 Order Issued	3	0	3	0	0

\*FY15-16 Numbers updated due to system transition to Breeze.

## **Complaint Allegations**

Charts 3a and 3b below list the types of allegations made for all complaints received for the current quarter, along with their corresponding percentages.

**Chart 3a:**



**Chart 3b:**

	<b>FISCAL YEAR COUNTS</b>			<b>2017-2018</b>		
<b>ALLEGATIONS</b>	<b>2014-15</b>	<b>2015-16*</b>	<b>2016-17</b>	<b>Q1</b>	<b>Q2</b>	<b>Q2 %</b>
Criminal Charges	669	353	293	145	92	11%
Discipline by Another State	11	10	3	1	0	NA
Fraud	389	214	149	41	14	2%
Health and Safety	0	0	9	0	0	NA
Incompetence / Negligence	2218	1454	2059	475	464	58%
Mental/Physical Impairment	0	0	6	0	0	NA
Non-Jurisdictional	266	198	404	82	72	9%
Other	332	114	116	72	32	3%
Sexual Misconduct	20	6	11	1	0	NA
Substance Abuse, Drug Related Abuses	0	0	40	0	0	NA
Unlicensed / Unregistered	227	125	157	11	22	3%
Unprofessional Conduct	250	143	181	90	95	12%
Unsafe/Unsanitary Conditions	110	32	38	8	13	2%
<b>Total</b>	<b>4492</b>	<b>2649</b>	<b>3466</b>	<b>926</b>	<b>804</b>	<b>100%</b>





## MEMORANDUM

<b>DATE</b>	January 12, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Enforcement Chief Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16B:</b> Review of Fiscal Year 2017-2018 First Quarter Performance Measures from the Department of Consumer Affairs

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. Data is collected quarterly and reported on the Department's website at: [http://www.dca.ca.gov/about\\_dca/cpei/index.shtml](http://www.dca.ca.gov/about_dca/cpei/index.shtml).

On October 1, 2017, DCA announced that Data Governance and DCA Executive Office agreed to combine Q1 and Q2 Performance measures. Originally the target date was set for early January 2018 to post the information. DCA has announced that Q1 and Q2 will be available in March of 2018.



## MEMORANDUM

<b>DATE</b>	January 24, 2018
<b>TO</b>	Dental Board Members
<b>FROM</b>	Carlos Alvarez, Enforcement Chief Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16C:</b> Update regarding Utilization of Correct Prescription Pads

The California State Board of Pharmacy (Pharmacy Board) has notified the Dental Board of California (DBC) that some dentists may not be using compliant security forms for prescribing controlled substances in California. One of the problems appears to be lack of check off boxes for ordering refills – a required element under the security forms requirements in Health and Safety Code section 11162.1 that has been required for years.

There are a number of noncompliant forms in use by health care professions that were printed by Department of Justice (DOJ) licensed security form printers. The DOJ is working now to get the printers compliant. Meanwhile the Pharmacy Board is advising Department of Consumer Affairs (DCA) regulatory boards about the problem. Following is the background on this issue:

California Health and Safety Code section 11162.1 contains 14 elements that must appear on California Security Forms, the forms used to prescribe controlled substances in California\*. These elements were first enacted in 2003 when the triplicate prescription form was discontinued. The law also requires that California Security Forms must be printed by CA Department of Justice licensed printers. In 2006, the law was amended again to make several changes that took effect in January 2007. Finally, legislation enacted in 2011 required that the California Security Forms in use must be fully compliant with all requirements of the Health and Safety Code by July 1, 2012.

Here is a link to the required elements in the Health and Safety Code (go to page 357): [http://www.pharmacy.ca.gov/laws\\_regs/lawbook.pdf](http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf)

In recent years, the Pharmacy Board has continued to identify noncompliant California Security Forms in use that have been filled by California pharmacies, in violation of the

Health and Safety Code requirements. The Pharmacy Board's response upon identification of noncompliant forms having been used to dispense controlled drugs is to educate the licensee, and to cite and fine the pharmacy/pharmacists involved. Typically the licensing board for the prescriber is advised as well.

Recently some pharmacies have begun to refuse to fill prescriptions written on noncompliant forms where item 11162.1(a)(10) is not fully compliant with the required elements. One of these elements is *"Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered."* There are also additional elements missing on some forms, including lack of a watermark on the reverse of the form.

The Pharmacy Board recently has received complaints from patients or prescribers whose patients have been denied medication from the pharmacy because of the noncompliant forms.

#### Interim Solutions

- Prescribers and dispensers need to become familiar with the 14 required elements of the security prescription forms.
- Prescribers with noncompliant forms should reorder compliant forms from a DOJ-licensed security printer.
- Prescribers with noncompliant forms should consider using e-prescribing for controlled substances.

\*Please note this exception to the security forms requirements: controlled substances prescriptions written for patients with a terminal illness may be written on ordinary prescription forms pursuant to section 11159.2 of the Health & Safety Code – here is a link (see page 352): [http://www.pharmacy.ca.gov/laws\\_regs/lawbook.pdf](http://www.pharmacy.ca.gov/laws_regs/lawbook.pdf)



## MEMORANDUM

<b>DATE</b>	January 12, 2018
<b>TO</b>	Member of the Dental Board of California
<b>FROM</b>	Chrystal Williams, Diversion Program Manager
<b>SUBJECT</b>	<b>Agenda Item 17A:</b> Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending December 31, 2017, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

<b>Intake Referrals</b>	<b>October</b>	<b>November</b>	<b>December</b>
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	0	1	0
Closed Cases	1	0	2
<b>Active Participants</b>	<b>14</b>	<b>15</b>	<b>13</b>

The Board is currently recruiting for a public member position on the Northern DEC; two dental position on the Southern DEC; one physician/psychologist position on the Southern DEC; and dental auxiliary positions on both the Northern and Southern DEC.

The next DEC meeting is scheduled on April 5, 2018, in Northern California.

**ACTION REQUESTED:**

No action requested.



## MEMORANDUM

<b>DATE</b>	January 12, 2018
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Ryan Blonien Supervising Investigator
<b>SUBJECT</b>	<b>Agenda Item 17B - Update regarding CURES 2.0 Registration and Usage Statistics. Information Only.</b>

### Background:

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care.

Prescribers were required to submit an application before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider. The Dental Board of California currently has 34,015 active licensed dentists. The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

### Current Status:

The CURES registration statistics for the Dental Board of California are:

July 2017: 7882 Registered DDS /DMD  
October 2017: 8064 Registered DDS/DMD  
January 2018: 8370 Registered DDS/DMD

CURES usage from October 2017 to December 31, 2017

**3270** Dentists have created Patient Activity Reports (PAR) in this time frame. Patient Activity Reports check a patient's prescription history.

**Senate Bill 482:**

Senate Bill 482 established that a health care practitioner who fails to consult the CURES database is required to be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

**Current Status:**

A representative of the Department of Justice stated as of January 12, 2018, the certification date has not yet been determined.



## MEMORANDUM

<b>DATE</b>	January 16, 2018
<b>TO</b>	Dental Board of California
<b>FROM</b>	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 18A:</b> General Anesthesia and Conscious Sedation Evaluation Statistics

### 2017-2018 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

#### General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non- Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2017	13	0	1	3	3	1
Feb 2017	21	0	1	0	1	2
Mar 2017	15	1	1	2	3	4
April 2017	12	2	2	1	3	2
May 2017	14	1	4	1	1	2
June 2017	18	0	0	0	2	0
July 2017	13	1	0	1	2	0
Aug 2017	12	1	0	0	2	4
Sept 2017	15	0	3	1	4	1
Oct 2017	14	0	3	2	4	4
Nov 2017	18	0	1	0	4	2
Dec 2017	12	0	1	1	2	1
Jan 2018*	19	0	0	2	3	3
Feb 2018*	18	0	0	0	3	4
<b>Total</b>	<b>214</b>	<b>6</b>	<b>17</b>	<b>14</b>	<b>37</b>	<b>30</b>

\*Approximate schedule for January, and February 2018.

## Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2017	8	1	1	1	3	1
Feb 2017	5	2	0	1	3	1
Mar 2017	9	0	0	0	1	1
April 2017	6	1	0	1	2	2
May 2017	5	0	1	1	1	1
June 2017	5	1	0	0	2	0
July 2017	5	0	0	1	2	1
Aug 2017	3	0	1	2	2	2
Sept 2017	4	1	4	1	0	1
Oct 2017	6	1	0	0	1	1
Nov 2017	3	1	3	1	2	1
Dec 2017	3	1	1	2	2	1
Jan 2018*	11	0	0	0	2	1
Feb 2018*	7	0	0	0	0	4
<b>Total</b>	<b>80</b>	<b>9</b>	<b>11</b>	<b>11</b>	<b>23</b>	<b>18</b>

\*Approximate schedule for January and February 2018.

**There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.**

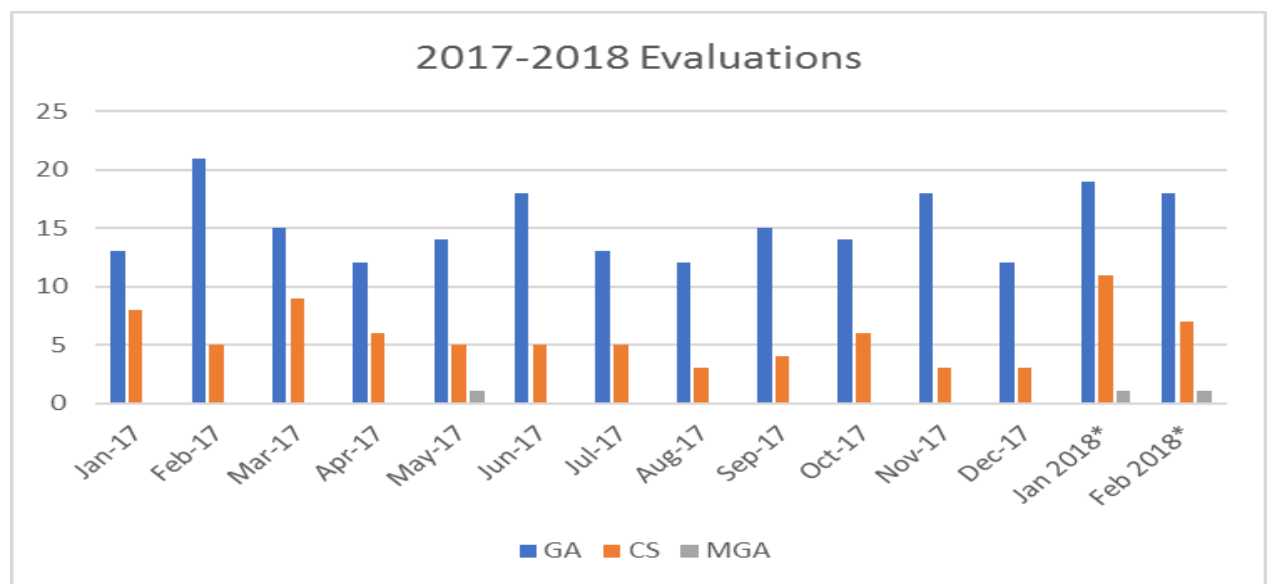


## Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2017	0	0	0	0	0	1
Feb 2017	0	0	1	0	0	0
March 2017	0	0	0	1	0	0
April 2017	0	0	0	1	0	1
May 2017	1	0	0	0	0	1
June 2017	0	0	0	1	0	0
July 2017	0	0	0	1	0	0
Aug 2017	0	0	0	1	0	0
Sept 2017*	0	0	0	1	0	0
Oct 2017*	0	0	0	0	1	0
Nov 2017	0	0	0	1	0	0
Dec 2017	0	0	0	0	1	0
Jan 2018*	1	0	0	0	0	0
Feb 2018*	1	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>3</b>

\*Approximate schedule for September 2017 and October 2017 as all results have not been received.

### Completed evaluations per month



### **Current Evaluators per Region**

<b>Region</b>	<b>GA</b>	<b>CS</b>	<b>MGA</b>
Northern California	123	62	9
Southern California	164	89	10

### **Action Requested:**

No action requested, informational only.